APPENDIX A: RUTLAND JOINT STRATEGIC NEEDS ASSESSMENT 2023 UPDATE - SUBSTANCE MISUSE.

Rutland County Council

Rutland

Joint Strategic Needs Assessment 2023 Update

SUBSTANCE MISUSE

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FOREWORD

Substance misuse constitutes a significant and growing public health issue. There are an estimated 3 million drug users in England, one in ten of whom are taking the most harmful drugs (opiates and/or crack cocaine). Numbers of deaths linked to drugs use are increasing nationally (nearly 4,860 deaths related to drug poisoning were registered in 2021 in England and Wales, a six percent increase on figures recorded for 2020) and there is a strong link to social deprivation of poverty, particularly for opiates and crack cocaine.

This document presents a three-year update of the chapter of Joint Strategic Needs Assessment (JSNA) for substance misuse in Rutland. It reviews the population health needs in relation to substance misuse, its socio-economic determinants, impact on health outcomes, outlines the relevant policy and guidance, existing services and the range of services that are currently provided. It also estimates the unmet needs and drafts recommendations based on the findings.

In general, the purpose of a JSNA is to:

- Improve the health and wellbeing of the local community and reduce inequalities for all ages.
- Determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
- Provide a source of relevant reference to the Local Authority, Integrated Care Board and NHS England for the commissioning of any future services.

In the UK, health and wellbeing boards are responsible for the development of joint strategic needs assessments and joint local health and wellbeing strategies. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs. The JSNA offers an opportunity for the Local Authority, ICBs and NHS England's plans for commissioning services to be informed by up-to-date information on the population that use their services. Where commissioning plans are not in line with the JSNA, the Local Authority, ICBs and NHS England must be able to explain why.

The Health and Wellbeing Board has agreed that the JSNA will be published in subject-specific chapters throughout a three-year time period. Chapters will be developed in line with ICB and local authority commissioning cycles. As many of the relationships required for the JSNA in Rutland are wide ranging. In the past there has been a JSNA Reference Group with relevant Task and Finish groups, this is going to be re-established. The outputs of the JSNA may include:

- Subject-specific chapters of an assessment of current and future health and social care needs
- An online infographic summary of each chapter
- An online data dashboard that is updated regularly to allow users to self-serve high level data requests

Please note, the majority of indicators presented in this needs assessment are from national sources so are subject to a time lag due to the time required for data collection, data analysis and publication. Where possible, comparisons have been made to national averages and local context has been included.

EXECUTIVE SUMMARY

Purpose

Substance misuse constitutes a significant and growing public health issue. This document presents a three-year update of the chapter of Joint Strategic Needs Assessment (JSNA) for drugs and alcohol misuse in Rutland.

Background

There are an estimated 3 million drug users in England, one in ten of whom are taking the most harmful drugs (opiates and/or crack cocaine). Numbers of deaths linked to drugs use are increasing nationally and there is a strong link to social deprivation of poverty, particularly for opiates and crack cocaine.

During COVID-19 pandemic (2020), there was a significant increase in unplanned admissions for alcoholic liver disease, despite lower rates in unplanned admissions for other causes, and an unprecedented rise in alcohol-specific mortality, including deaths in treatment.

The National Drug Strategy "Harm to Hope" (2021) aims to reverse the rising trend in drug use, reduce overall use towards a 30-year low and improving survival and health in populations. The areas of focus of the strategy have arisen from the Dame Carol Black independent review of substance misuse services and covers the following areas

1) Breaking the supply chain
2) Delivering world class treatment and recovery systems
3) Achieving generational shifts in demand
4) Partnerships across systems

Locally in Leicester, Leicestershire and Rutland (LLR) partnerships existed but these have been built upon to set up the Combating Drugs and Alcohol partnership. There is a strategic group and an operational group both with representation from partners across the system. An action plan has been developed to ensure that the LLR partnership is meeting the strategy.

Findings and recommendations

Within the treatment pathways, clients are classified as those with problems with opiates, mainly heroin, non-opiate drugs, such as cannabis, crack or ecstasy, non-opiates and alcohol or alcohol only. In 2021/22 there were approximately 50 clients of all ages in drug treatment and 40 treated for alcohol only, with another 15 treated for alcohol in the drug group.

It is estimated that there could be around three thousand adults using drugs recreationally in Rutland, with at least 100 with problematic drug use; there are also around 260 estimated number of dependent drinkers, indicating gaps (unmet need) in specialist service provision. It is estimated that only about 20% of problem drinkers who would benefit from specialist intervention receive such treatment, with the same gap for those misusing crack cocaine, while for other drug groups, approximately half of individuals in need are receiving specialist care. The local prevalence estimates have to be treated with caution as factors such as socioeconomic deprivation, younger age profile and urban setting, linked to problematic substance misuse, are lower in Rutland when compared to the national average and the need could be lower than that presented above.

Several population groups in Rutland are likely to be at increased risk of substance misuse and/or the effects of their own addition, or those of others. These include children, LGBT, the homeless as well as military personnel and prisoners.

Those with substance misuse have several important comorbidities and health and/or social impacts such as blood borne virus infections, liver failure, poor mental health, unemployment, homelessness, family breakdown or criminal activity, to name just the few. Most of measured health and social outcomes of substance misuse in Rutland are comparatively better when compared to the national average, although due to small numbers it is difficult to draw robust conclusions for some indicators.

Deaths in treatment and deaths from drug misuse have been low in Rutland, and alcohol-specific mortality rates have been similar to the national average. It has been estimated that for 2020 there would have been over 210 potential years of life lost due to alcohol for women, but the same could not be calculated for men.

Local profiles of clients in treatment for either drug or alcohol problems, particularly their family circumstances, employment or education status, homelessness, are similar to those observed nationally, and the numbers of children or young people in treatment is relatively low. There is also no clear evidence of excessive impact of substance misuse on levels of crime in Rutland.

Although robust conclusions from various treatment pathway measures described in this report are difficult due to small numbers involved, overall the services (which are joined across Leicestershire and Rutland) seem to be comparable to, or better than, the national figures.

Recommendations

Recommendations have been identified utilising the evidence base found within this JSNA and in partnership to improve areas where applicable and possible for residents. These have been detailed to allow objectives to take place with clear actionable steps for strategic leads.

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1 BACKGROUND

The misuse of drugs and alcohol can have wide-ranging and profound impact on individuals, families and wider communities, affecting health, education and economic opportunities and safety. Excessive alcohol consumption is a contributing factor to a diverse range of conditions, with both individual and societal impacts.

Alcohol-related harms, including mortality, are strongly linked to socio-economic deprivation with mortality twice as high in the most deprived areas; socio-economic inequality underpinning many of the observed regional and local differentials in alcohol-related outcomes.

This initial section presents key concepts, national context and local priorities for substance misuse, as well the overall purpose and structure of the report.

1.1 Policy and Guidance

National policy and guidelines outline possible actions to reduce impact of substance misuse on individuals, their families and communities.

The Department of Health and Social Care (DHSC) is responsible for strategy and legislation with regards to public health system as whole. This includes a national strategy and policy on tackling alcohol and drug misuse. There is currently no specific policy on the prevention and treatment of alcohol harm, although alcohol features in a the 10-year drug strategy announced in December 2021 (par. 2.13)2. The most recent alcohol-specific strategy was published in March 2012.

In 2023, DHSC is responsible for:

- Funding the NHS England (NHSE) for provision of treatment for those in acute needs; NHSE commissions:
    - NHS Primary care
    - NHS specialist secondary care
    - Prison alcohol treatment services
- Public Health Grant to local authorities, which commission service providers (circa 600 service providers across England), including community-based (majority), residential rehabilitation and specialist inpatient detoxification (NB these are under CQC inspection arrangements)

The Office for Health Improvement and Disparities (OHID) as part of DHSC is responsible for tackling preventable risks to health, improving public's health and tackling inequalities. This includes the provision of relevant health intelligence, guidance, tools and support to local authorities.

1.1.1 2021 UK Drugs Strategy

The 2021 National Drug Strategy (From harm to hope: a 10-year drugs plan to cut crime and save lives) was published following Dame Carol Black's independent Review of Drugs (2020).

Its overall aim is to reverse the rising trend in drug use, with an ambition to reduce overall use towards a historic 30-year low and support the government's levelling up mission with people living longer, healthier lives in safe and productive neighbourhoods.

It focuses on the following:

- Breaking drug supply chains – by stepping up the response to the supply of the most harmful drugs, through all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime. These should be achieved through restricting upstream flow, securing border control, breaking the ability of gangs to supply drugs, disrupting drug gang operations, rolling up county lines, supporting victims, and reducing violence and homicide, tackling the retail market and restricting the supply of drugs into prisons.
- Delivering a world-class treatment and recovery system within a decade (with additional £780 million over three years to take this forward). This would include rebuilding local authority commissioned substance misuse services, improving quality, capacity and outcomes, rebuilding professional workforce, ensuring better integration of services, improving access to accommodation alongside treatment, improving employment opportunities, increasing referrals into treatment in the criminal justice system, and keeping prisoners engaged in treatment after release.
- Achieving a generational shift in demand for drugs – changing attitudes in society around the perceived acceptability of illegal drug use. It should be achieved by building a world-leading evidence base, applying tougher and more meaningful consequences (targeting more people in possession of illegal drugs, and a White Paper next year with proposals to go further), delivering school-based prevention and early intervention, supporting young people and families most at risk of substance misuse (early, targeted support, including the Supporting Families Programme)
- Partnerships and accountability – how things can be changed for the better, focussed investment – targeting areas of greatest need, improved partnership working, developing a system of national and local outcomes, frameworks and accountabilities to this end there is a requirement to establish Combatting drugs (and in our case alcohol) partnerships to ensure this joined up approach and accountability.

Combating Drugs and Alcohol Partnership Leicester, Leicestershire and Rutland Priorities

Following the National 10 year strategy – from Harm to Hope, the local LLR CDAP identified a number of strategic priorities via a Needs assessment. These include:

- Early prevention and information
- Early identification
- Treatment
- Recovery
- Reduce ill health and deaths
- Working in active partnership
- Workforce

Policy targets for the end of 2024/25 include:

- preventing nearly 1,000 deaths and reversing the upward trend in drug deaths for the first time in a decade
- delivering a phased expansion of treatment capacity with at least 54,500 new high-quality treatment places including 21,000 new places for opiate and crack users, at least 7,500 more treatment places for people who are either rough sleeping or at immediate risk of rough sleeping, a treatment place for every offender with an addiction
- contributing to the prevention of three-quarters of a million crimes including 140,000 neighbourhood crimes through the increases in drug treatment
- closing over 2,000 more county lines
- delivering 6,400 major and moderate disruptions against activities of organised criminals, including arresting suppliers, targeting their finances and dismantling supply chains significantly increasing denial of criminal assets, including cash, crypto-currency and other assets

1.1.2 Drug Misuse and Dependence - UK guidelines on Clinical Management (2017)

Often referred to as the 'Orange Book' this version updates and replaces the 2007 edition. The 2017 Drug Misuse and Dependence guidelines provide guidance on the treatment of drug misuse and dependence in the UK. They are intended primarily for clinicians providing drug treatment for people who misuse or are dependent on drugs and are based on current evidence and professional consensus.

The guidance includes chapters on, essential elements of treatment provision, psychosocial components of treatment, pharmacological interventions, criminal justice system, health considerations, and specific treatment situations and populations.

1.1.3 NHS Long Term Plan 2019

The NHS Long Term Plan was published in January 2019 and set out how the NHS will be redesigned to ensure it is fit for the future. It sets out how the NHS will move to a new service

model in which patients get more options, better support, and properly joined up care at the right time in the optimal care setting. It outlines new action the NHS will take to strengthen its contribution to prevention and health inequalities, with a specific focus on evidence-based NHS prevention programmes to limit alcohol-related A+E admissions. It sets the NHS's priorities for care quality and outcomes improvement, requirements for current workforce and staff support. It also presents a programme to upgrade technology and digitally enabled care across the NHS and a sustainable financial path for the implementation of the Long Term Plan.

The NHS long term plan finishes March 2024 so is to be updated but no significant change is anticipated. The local 5 year plan remains in place with similar expectations.

1.1.4 Public Health

Rutland County Council Commission Leicestershire to provide it's Public Health Function.
The Public Health department within Leicestershire County Council have a service mission and aim to protect and improve the health and quality of life of the residents of Leicestershire and equally so for the residents of Rutland. This will be achieved through a commitment to core values and behaviours. The Public Health Strategy has a number of strategic priorities that are linked to Substance misuse:

- Building a network of partners to develop asset-based, community-centred approaches to increasing well-being.
- Working with communities and partners to maximise resources (including financial resources, skills and social and natural resources).
- Working with Local Authorities and partners to address the wider issues that affect health (e.g. housing).
- To strengthen the delivery of health improvement programmes and partnership working using a life course approach.
- Influencing healthy policy and infrastructure developments through health in all policies.
- Working with partners internally and externally to address the wider issues that affect wellbeing and health.
- Reducing health inequalities and embedding an equitable approach to everything we do
- Taking a multi-agency approach on issues such as mental health, domestic abuse, substance misuse, sexual health, and air quality
- Commissioning high quality and safe services that are linked with key services in the community.
- Ensuring that services are effective and efficient, balance universal and targeted provision and meet safeguarding principles.
- Maintain robust evidence-based commissioning of services that reflect the local needs of the population.
- Ensuring that the local voice of communities is embedded in our service redesign work.
- Undertaking research and analysis to monitor service performance and population health outcomes.

Public Health is in the process of developing a Public Health strategy for Rutland, which is

currently in draft form. It does include a priority of protecting communities and individuals from harm where substance misuse

1.1.5 NICE Guidance

The National Institute for Health and Care Excellence (NICE) has published a number of guidance documents including NICE guidelines (NG), clinical guidelines (CG), public health guidelines (PH), and quality standard (QS) documents relating specifically to substance misuse including:

- NG16 (2015) Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset
- NG58 (2016) Coexisting Severe Mental Illness and Substance Misuse: Community Health and Social Care
- NG64 (2017) Drug Misuse Prevention: targeted interventions
- NG135 (2019) Alcohol interventions in secondary and further education
- CG51 (2007) Drug Misuse in over 16's: psychosocial Interventions
- CG52 (2007) Drug Misuse in over 16's: opioid detoxification
- CG100 (2017) Alcohol-use disorders: diagnosis and management of physical complications
- CG115 (2011) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence
- CG120 (2011) Coexisting Severe Mental Illness (Psychosis) and Substance Misuse: Assessment and Management in Clinical Setting
- PH24 (2010) Alcohol-use disorders: prevention
- PH52 (2014) Needle and Syringe Programmes
- QS23 (2012) Drug use Disorders in Adults
- QS11 (2011) Alcohol-use disorders: diagnosis and management
- QS83 (2015) Alcohol: preventing harmful use in the community
- QS165 (2018) Drug Misuse Prevention
- QS188 (2019) Coexisting Severe Mental Illness and Substance Misuse
- Shared Learning (2019) Alcohol withdrawal management for acute admissions to hospital
- TA325 (2014) Nalmefene for reducing alcohol consumption in people with alcohol dependence

2 INTRODUCTION

Although the terms 'substance misuse' and 'drug misuse' are often used interchangeably, partly because drugs and alcohol problems frequently coexist and are under the same treatment pathways, this JSNA chapter covers both drugs and alcohol misuse among adults and children and young people.

The majority of substance misuse data in this report is derived from the National Drug Treatment Monitoring System (NDTMS). NDTMS reporting divides people in treatment into four substance groups:

- Opiates: people who are dependent on, or have problems with opiates, mainly heroin. Opiate users still dominate adult treatment and generally face a more complex set of challenges and are harder to treat than non-opiate users.
- Non opiate: people who have problems with non-opiate drugs, such as cannabis, crack and ecstasy.
- Non-opiate and alcohol: people who have problems with both non-opiate drugs and alcohol.
- Alcohol only: people who are dependent on alcohol but don't have problems with any other substances.

Unless otherwise stated, this report follows the terminology and groupings as used in NDTMS.

The surveys referenced throughout include the Crime Survey for England and Wales (CSEW). This is a household survey, and it is recognised as a good measure of recreational drug use for the drug types and population it covers. However, it is unlikely to capture problematic drug use, as many such users would not be covered by the survey, through homelessness or other lifestyle factors.

The overall trends in drug use are reported in CSEW for the following broad groups:

- Class A drugs – comprising all cocaine (powder cocaine and crack cocaine), ecstasy, hallucinogens (LSD and magic mushrooms), opiates (heroin and methadone), plus methamphetamine (since 2008/09).
- Any drugs - including all Class A drugs above plus all those classified between B and C - amphetamine (Class A/B), cannabis, ketamine and mephedrone (Class B) tranquillisers (Class B/C), anabolic steroids, amyl nitrate and any glues (Class C), but excluding novel (new) psychoactive substances (NPS)

CSEW reports estimates of extent of use and trends for individual drugs (and classes of drugs) from the above groups, by age and by selected personal and other characteristics of the survey respondents. Questions on drug use for the survey participants aged between 60 and 74 years of age were introduced first in the year ending March 2018, extending the adult group from 16 to 59-year-olds to 16 to 74- year-olds.

3 WHO IS AT RISK

This section describes the relevant aspects of Rutland's demography, findings of national drug and alcohol surveys and specific high-risk and vulnerable population groups. For more complete set of data on the population of Rutland, emerging from the recent population Census 2021 and other sources, please refer to the Demography and Growth chapter [**Rutland's Demography and Growth May 2023**]. This section summarises the finding more pertinent to substance misuse as well as provides wider background on the demographic risk factors from the relevant national surveys.

3.1 Demographic factors

3.1.1 Current population structure

According to the 2021 Census, the total population of Rutland in 2021 was 41,049, reflecting an increase of almost 10% in the previous 10 years (since 2011 Census). This population growth was higher than the national average of less than 7% and occurred mostly in older (over 65) population group (32% increase).

Overall, the population resident in Rutland is weighted towards older adults, with over 25% in the 65+ age bands compared to 18% in England (Table 1), but with relatively less women (just under 19,980) than men (21,072), difference of around 1,095 (or 5%). The ratio of those over 65 to 15-64 age group ('old age dependency ratio') is nearly 43, compared to 29 for England as a whole.

Table 1. Broad age group population comparison between Rutland, national, regional and Leicestershire structure (Census 2021 - thousands) (Source: ONS 2022)

Area	**0-14**		**15-64**		**65-79**		**80+**		**Total**
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	
England	9,839	**17.4**	36,250	**64.2**	7,603	**13.5**	2,798	**5.0**	**56,490**
East Midlands	827	**16.9**	3,102	**63.6**	706	**14.5**	246	**5.0**	**4,880**
Leicestershire	117.0	**16.4**	447.3	**62.8**	109.3	**15.4**	38.8	**5.4**	**712.4**
Rutland	6.2	**15.0**	24.5	**59.7**	7.5	**18.2**	2.9	**7.1**	**41.1**

The total number of local residents is projected to increase by a 14% (to 46,510) between 2021 and 2043, an increase of nearly 5,500 people. This is broadly comparable to 12% for the East Midlands but substantially higher than 8% percent increase predicted nationally. The greatest change is projected for those aged 65 and above, accounting for additional 9,350 older people in the county by 2043. This population growth is estimated primarily from projected migration patterns, as the future natural change is likely to be negative (number of deaths is expected to exceed the number of births).

The national surveys investigate the prevalence of substance misuse by age and sex which in turn allows for a broad estimate of numbers in the local population.

3.1.1.1 Drugs

The *Crime Survey for England and Wales (CSEW, 2019/20)* found the use of any drug was highest among the youngest age groups; 21% (one in five) of 16- to 24-year-olds reporting any drug use in the last year, compared to 9.4% (one in eleven) of all surveyed adults (16–59-year-olds). Generally, the prevalence of drug use decreases with age, with 21.1% in those aged 16-19 and just 4.1% among those aged 55-59, in keeping with previous survey years. Levels of drug use in the older age groups (60-74) is estimated at only 1%. Just over 2% of all adults were frequent users, cannabis was the most commonly used drug (7.8% of adults) and powder cocaine second most common (2.6% of surveyed adults). The prevalence drug use was higher among men, one in eight (11.9%) when compared to women (6.9%), pattern is keeping with previous survey results, although the overall prevalence figures have reduced over the years, from 15.6% of males and 8.5% of females in 1997.

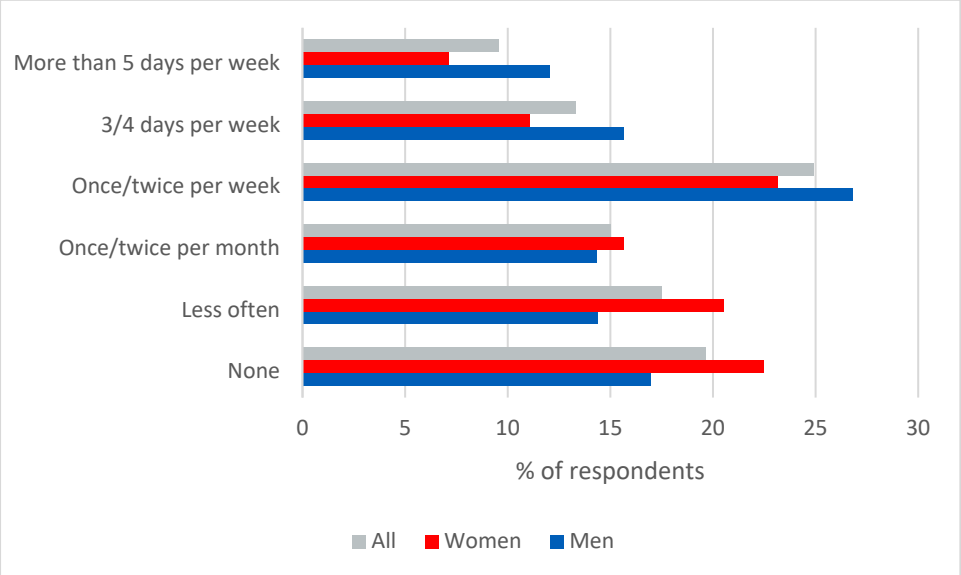
It is important to state that the CSEW is a household survey and although it is regarded as a good measure of recreational drug use, it may not provide as good coverage of problematic drug use and is probably an underestimate of the overall prevalence.

Applying the Rutland population figures to the survey result, there could be approximately 950 16–24-year-olds using drugs and a further 2,100 among those aged 25 to 59 years, about 3,000 in total. It needs to be stressed that these are very broad estimates and factors such as deprivation, ethnicity and other factors, described below, can affect these substantially.

3.1.1.2 Alcohol

The *Health Survey for England (HSE, 2019)* includes the levels of alcohol consumption across several groups in the adult population. Overall, 80% or respondents reported drinking alcohol in the past 12 months; 48% reporting drinking in the past week. On average, older people (55-74) were more likely to have drunk in the past year (85% of respondents aged 55-74) than the youngest groups (75% of those ages 16-24), with more recent drinking also reported more often by older respondents (58% vs 24% in the last week). Rates were also generally higher for men, with 55% having drank alcohol in the last week, than in women (41%) with men drinking with higher frequency (Figure 1).

Figure 1 Drinking patterns in England (Source: Health Survey for England 2019)



There are also higher proportions of *non-drinkers* in the youngest groups (25%, with this proportion increasing over the recent years) and lowest rates of high-risk drinking (15% consuming more than 35/50 units per week, for women or men).

On average, East Midlands has relatively low levels of *unsafe drinking* when compared to other regions in England - 24% of men and 14% of women drinking more than 14 unit per week, highest figures in the Northeast being 41% and 16%, respectively.

The national survey suggests that about 9% of population is likely to drink alcohol at least five times each week and 13% three or times, with 25% drinking only once or twice per week. Abstinence levels are estimated at 20%.

A number of alcohol prevalence indicators based on HSE 2019 were published by OHID, but in the majority the numbers for Rutland were too small to be published (see Appendix Figure 2).

3.1.2 Socio-Economic Deprivation

The average levels of deprivation in Rutland measured by the Index of Deprivation (IoD)[1] are relatively low - Rutland is ranked 303rd out of 317 local authorities in England for Multiple Deprivation, where 1st is the most deprived).

Although a useful measure at a larger scale, IoD is known to be biased towards urban type of deprivation. As Rutland is predominantly rural, it has specific issues expressed better through the Barriers to Housing and Services domain of the IoD. Within this domain, six out of the 23 Rutland LSOA's are classified in the most deprived 10% nationally, with some specific issues identified through the recent health need assessment, such as

- potential issues of childhood poverty - the proportion of children in relative low-income families estimated to be over 17% in Rutland,
- increasing levels of benefit support since 2020,
- fuel poverty, which remains a significant issue in six of the Rutland LSOAs.

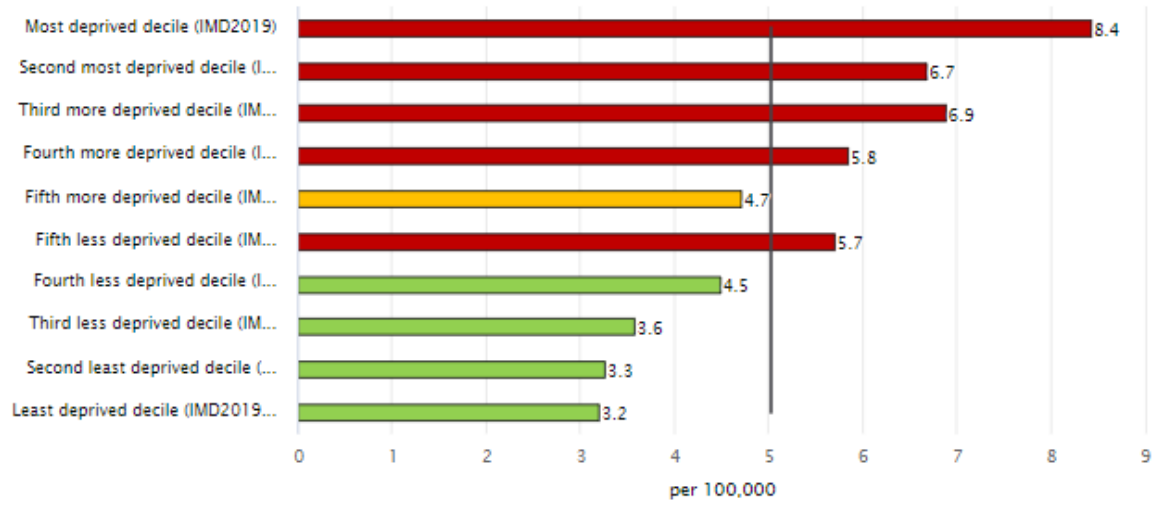
An in-depth discussion of these and other aspects of deprivation in Rutland can be found in **Rutland JSNA: Health Inequalities Needs Assessment**.

Comparisons to national and regional levels often disguise the fact that there is significant variation across Rutland.

3.1.2.1 Drugs

Although drug misuse exists in most areas in the UK, it is more prevalent in areas characterised by social deprivation.[2] There is a stark differential in the rates of mortality due to drug misuse across England (Figure 2) - in 2019-20, the rate of deaths from drug misuse was 2.6 times higher in the most deprived decile areas of England when compared to the least deprived decile.[3]

Figure 2: Deaths from drug misuse – England, 2018-20 – Data partitioned by County & UA deprivation deciles in England (IMD2019)



Source: Public Health Outcomes Framework, Public Health England 2023

Although the IoD, as a single measure, is unlikely to explain drug misuse figures for Rutland, socio-economic factors are likely to play a significant role in pockets of deprivation, particularly in urban settings.

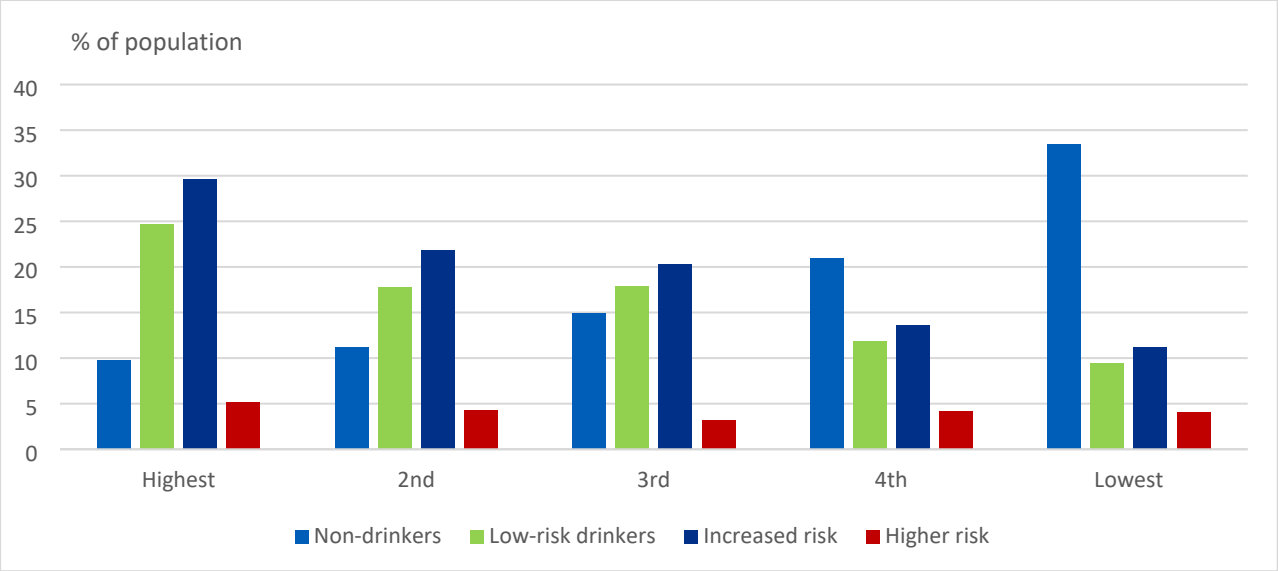
3.1.2.2 Alcohol

The relationship between alcohol consumption and socio-economic status is complex. Those on a low income do not tend to consume more alcohol than people from higher socioeconomic groups, but alcohol-related harm tends to be much greater in the more disadvantaged groups. Various societal and individual vulnerability factors are likely at play, including drinking context, economic deprivation, income security, homelessness, ethnicity or mental health issues, however these are not fully understood. The increased risk of alcohol

misuse and dependency on alcohol is likely to relate to other risks affecting people in lower socioeconomic groups[4].

The HSE 2019 showed that the proportion of non-drinkers was much higher in the lowest quintile of income[i]. However, by a factor of three, the reverse was true for alcohol consumption, apart from those at the higher risk (Figure 3).

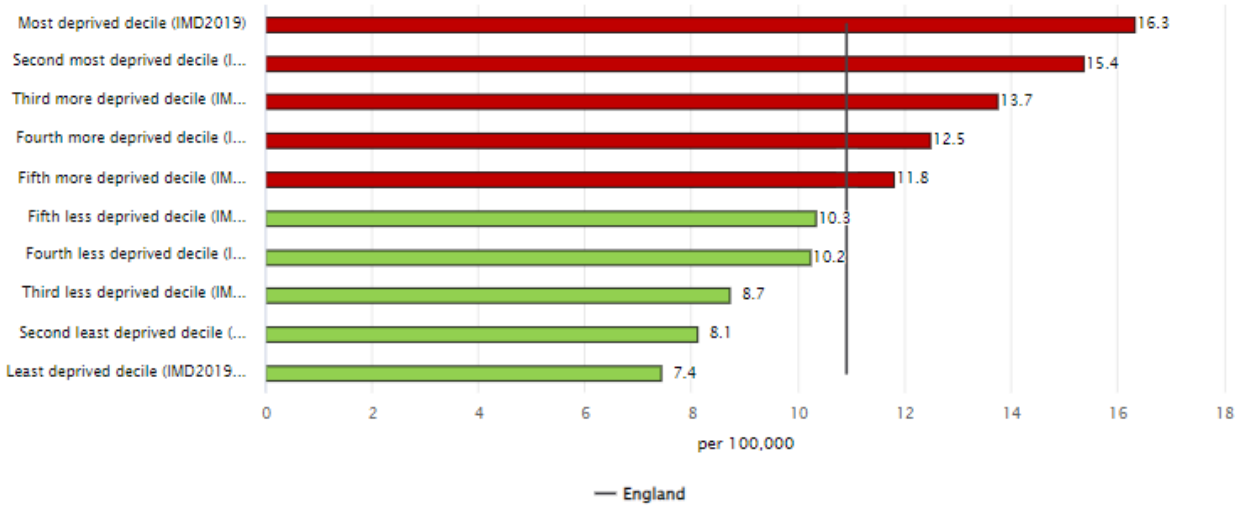
Figure 3. Estimated weekly alcohol consumption, by household income (Source: HSE 2019)



Data show consistently that the adverse effects of alcohol, including hospital admissions and alcohol-related mortality, are more apparent in those from lower socio-economic groups[5]. Risk of death is over twice as high (16.0 vs 7.4/100,000) in the most deprived areas of England (Figure 4), with very clear correlation across all levels of deprivation.

Figure 4. Alcohol-specific mortality in England, 2017-19 (Source: OHID 2023)

[i] HSE 2019 uses equivalised household income and households are divided into quintiles (fifths) using that measure



As for drug misuse, except for potential problems in localised areas, deprivation should not be impacting significantly on the levels of drinking, or its complications, in Rutland.

3.1.3 Ethnicity

According to Census 2021, the majority of population Rutland declared themselves as white (94.8%). The second most prevalent group is of mixed ethnicity (1.8%), followed by Asian/Asian British black (1.5%), black (1.3%) and 'other' ethnic groups (0.5%).

In 2021 the largest proportion (94.8%, N=38,909) of Rutland population was of white[ii] ethnic background which is significantly more than the average for England (81%). The total number in other ethnic groups was 2,141, with highest numbers classified as 'mixed and other', followed by Asian (1.5%)[iii], black (1.3%)[iv] and other population groups (0.5%). Thus, the total of ethnic minority populations in 2021 5.2%, significantly below the national average of 19%. In the decade between 2011 and 2021 the relative proportion of ethnic minority population of Rutland had almost doubled from less than 3% to 5.2%.

3.1.3.1 Drugs

The evidence on impact of ethnicity on drug use is mixed. The *2020 CSEW* suggests higher use in the past year in mixed ethnicity groups (22.6% for any drug use) compared to white and non-white (10.1% and 3.2-5.4% respectively). A similar pattern, but with less variability, was

[ii] Includes the following categories – white English/Welsh/Scottish/Northern Irish/British, Irish and other white

[iii] Includes Asian or Asian British groups – Bangladeshi, Chinese, Indian, Pakistani or other

[iv] Includes black and black British, African, Caribbean and other black groups

observed in that survey for class A drugs with 5.5% in mixed ethnicity group, 3.8% for white population and between 0.5% and 1.2% in other ethnic groups. CSEW is generally recognised as a good measure for recreational drug use. The *Adult Psychiatric Morbidity Survey* 2014 also found the proportion showing signs of drug dependence was highest among adults in the Black/Black British group (7.5%) compared to any other ethnic group. This may be explained by higher rates of cannabis use in this group and could reflect reporting of daily use.[6]

However, other research suggests the prevalence of substance misuse amongst BME groups may be lower due to social stigma. For South Asian and Chinese communities for example, stigma surrounds not only drug users, but also their families, all of whom could be alienated from the community. It is also possible that individuals from minority backgrounds do use, but conceal use from family members, and are further reluctant to access services to seek support. Language and cultural barriers, concerns surrounding confidentiality and anonymity, and the unfamiliarity of treatment (e.g. talking therapies) may also act as obstacles towards treatment.[7]

In summary, there is a mixed picture of drug use among ethnic groups, with at least twice as much recreational use in mixed ethnicity groups than in white population and four times the rate in other ethnic groups. However, research indicates a more complex picture when the type, class of drug, or cultural, social and economic determinants are considered.

3.1.3.2 Alcohol

People from ethnic minority groups tend to drink less and are more likely to abstain from alcohol, however, there is considerable diversity within as well as between ethnic groups. For example, the rates are high among older Irish men and men belonging to the Sikh religion.[8]

Lower access to alcohol treatment services and higher alcohol-related morbidity have also been observed in some ethnic minority groups, which may be explained by multiple barriers particularly for certain higher-risk groups, such as Irish Travellers. Alcohol consumption patterns and treatment needs are not well understood.

The Local Alcohol Consumption Survey piloted by Public Health England in 2017 found that nearly half (48.9%) of non-white people abstain from alcohol, whereas the corresponding proportion amongst their white counterparts was just under a fifth (18.7%)[9]. However, these figures are likely to hide a significant variation between individual groups. Another survey reported rates of drinking twice as high in white population compared to other ethnicities (61% vs 31%) across Great Britain, with rates increasing by nearly 5% across ethnic groups from the previous year[10].

The 2017 Health Equity Report, published by the PHE[11], examined alcohol-specific hospital admissions compared to admissions for all causes, based on 2014/15 data. A disproportionate

numbers of alcohol specific admissions were found white British and white Irish women and for males these groups included white British, Irish, other white and Indian men.

3.1.4 Urban-rural Classification

According to data from the latest population Census (2021), Rutland is the fourth least densely populated local authority area in the East Midlands[12].

More than a third of Rutland's population live in areas classified as rural (37%), a third (33%) in 'urban city and town' and the remaining 30% as 'rural town and fringe'. Geographically, only a small proportion of areas, around Oakham, are classified as urban with the remainder described as rural, either 'town or fringe' in character (Uppingham and eastern-most areas) or 'rural dispersed'. However, this classification is based on the previous Census 2011, an updated analysis is awaited from the national sources.

There are several issues affecting the health and wellbeing of rural communities, including low-paid work, unemployment of young people, high costs of housing fuel poverty and problems with access to health and other services.

The *2020 CSEW* found people living in urban areas reported higher levels of drug use than those living in rural areas. Around 1 in 10 (9.6%) people living in urban areas had used any drug in the last year, compared with around 1 in 13 (8%) of those living in rural areas. For any class A drugs, the difference is much less pronounced with 3.4% vs 3.3%, respectively.

Individuals living in rural and remote communities have several factors contributing to the pattern of alcohol use and harm related to alcohol misuse, such as loneliness and barriers to services. Internationally, a higher prevalence of binge drinking, and alcohol-related hospital admissions have been reported in some remote areas, although research in this area has been inconsistent[13].

In summary, most of published evidence points at higher substance misuse in urban settings and specific rural deprivation issues in this context have not been fully explored.

3.2 Groups at risk and vulnerable populations

3.2.1 Sexual orientation and gender identity

According to the ONS Annual Population Survey (2022), the proportion of population identifying as LGB is rising, both nationally and regionally. An estimated 3.1% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2020, an increase from 2.7% in 2019 and almost double from 2014 (1.6%). The proportion of men in the UK identifying as LGB increased from 1.9% to 3.4% between 2014 and 2020; the proportion of women identifying as LGB has risen from 1.4% to 2.8% over the same period. In

the East Midlands in 2020, there was an estimated 132,000 residents who identified as gay, lesbian, bisexual, or other, which equated to 3.4% of the regional population, an increase from 1.4% in 2014[14].

According to data collected though Census 2021 745 people in Rutland declared themselves in one of the LGB+ groups[v], 2.2% of total adult population, compared to 3.2% for England[15]. Population data on sexual orientation were previously collected through the Annual Population Survey (APS) but including the question on the census questionnaire enables a much more detailed understanding of sexual orientation in England and Wales.

Substance misuse is reportedly higher among LGBT groups than among their heterosexual counterparts, irrespective of gender or different age distributions in the populations[16]. Many surveys have only relatively recently started to ask about sexual orientation and gender identification, so it is difficult to look at long-term trends, however there is strong evidence that sexual minorities have higher rates of substance misuse.

The Part of the Picture research reporting in 2012 on a sample of more than 4000 responses found that just over one quarter of LGBT people in the study met the criteria for substance dependence. The report further found that significant barriers exist to seeking information, advice or help among LGB people with only a third of respondents to their questionnaire had sought information, advice or help about their substance use.[17]

LGBTQ individuals often enter treatment with more severe disorders and have additional (comorbid) psychiatric disorders. Addiction treatment programs offering specialized groups LGBT clients showed better outcomes, but such programmes are not often available[18].

3.2.1.1 Drugs

The data collected through CSEW 2020 suggest that the highest rates of drug use are in groups identifying as bisexual (31.4%), followed by gay/lesbian groups (20.5%), compared to 8.8% among heterosexual and 9% in those classified as 'other'. The percentage using class A drugs are 11.1% bisexual, 9.2% for gay/lesbian against 3.2% among heterosexual groups.

Data from the 2018 National Survey on Drug Use and Health (NSDUH) in the USA, suggests that substance use patterns reported by those who describe themselves as lesbian, gay, or bisexual are higher compared to those reported by heterosexual adults. More than a third (37.6 %) of LGB adults (18 and older) reported past year cannabis use, compared to 16.2% reported by the general adult population. Past year opioid use was also higher with 9% of LGBT adults reporting use compared to 3.8% across all adult population[19].

LGBTQ people are also at increased risks for human immunodeficiency virus (HIV) due to both intravenous drug use and risky sexual behaviours. HIV infection is particularly prevalent

[v] Includes the following categories: "gay or lesbian", "bisexual" or "other sexual orientation"

among gay and bisexual men and transgender women who have sex with men. Drug treatment can also help prevent HIV transmission among those at high risk[20].

Public Health England explored substance misuse in men who have sex with men, with particular emphasis on chemsex. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs. As well as the effects of problematic alcohol and drug use, chemsex can pose additional hazards both to the individual involved and public health. Where drug use takes place in a sexual context the risk of transmission of blood borne viruses and other sexually transmitted infections (STIs) increases [21].

There is no available data on gender identity.

3.2.1.2 Alcohol

The Health Report of LGBT groups in Britain[22] found over 6% LGBT respondents reporting drinking almost every day, particularly in older age groups (a third of over 65s, compared to just seven per cent of young adults). One in five GBT men (20%) drank alcohol almost every day over the last year compared to 13 per cent of LGBT women and 11 per cent of non-binary people.

The Part of the Picture research project found that LGB people are approximately twice as likely to binge drink at least once a week, compared with the general population. The report also found significant barriers to seeking help and advice for two-thirds of respondents[23].

A recent study of common mental disorders (CMD), hazardous alcohol use, and illicit drug use examined a large cohort of survey respondents (10K + from the Adult Psychiatric Morbidity Surveys sample) comparing 2007 and 2014. It found alcohol misuse high among lesbian and gay (37%), and bisexual people (31%), when compared to heterosexual respondents (24%), with disparities unchanged between the two study years[24].

Nationally 88% of adults presenting to treatment in 2021/22 declared to be heterosexual and 4% LGBT[vi], in Rutland 100% were heterosexual.

3.2.2 Childhood

Family history of substance misuse is a recognised risk factor for future drug or alcohol problem.

There are several vulnerable groups of children, such as children in need (CIN), those with special educational needs and disabilities (SEND) and children looked after (CLA). In Rutland (2021) there were 778 children (13.2%) with identified special educational needs or disabilities (SEND) and their ethnicity was broadly reflective of Rutland's ethnicity[25].

[vi] With 6% of records either missing or 'not stated' nationally

The estimated number of children in need in Rutland was just over 170; as a rate (among all under 18s) this was significantly lower than the average for England. The rate is somewhat lower than its statistical neighbours[vii] and similar to Leicestershire. Similarly, the number of children looked after in Rutland is relatively low (N=34 in 2021[26]) when compared to the national and regional average. It can be expected that 3-4% of such children will have a substance misuse problem.

Young people in treatment for substance misuse often have recognised vulnerabilities, such as self-harm (in about 20% of cases, which seems to be increasing in the recent years), antisocial behaviour (similar frequency), impact of other misused substances in a minority of cases. Numbers are too small to draw robust comparisons.

Due to small numbers involved it would be difficult to present precise local figures.

Additional information specific to children and young people (under 18 years of age) is presented in the relevant sections:

- Health Needs (Section 4) – including prevalence, numbers in treatment, frequency of substance use, comorbidities.
- Health Impacts (Section 5) – childhood and parenting.
- Interventions (Section 7) – including sources of referral, pathway measures, waiting times and treatment outcomes.

3.2.2.1 Drugs

Guidance from Public Health England notes family history of addiction is a recognised risk factor for drug misuse.[27] There is a cyclical relationship between childhood experiences of, and exposure to, adult substance misuse, and subsequent misuse of substances in adulthood. The study of adverse childhood events (ACE's) in England found that children who experience four or more adversities are 11 times more likely to go on to use crack cocaine or heroin. Parents or carers affected by ACE's are at increased risk of exposing their own children to ACE's, resulting in an intergenerational cycle.[28] With this, substance misuse can be a sign that young people are dealing with adversity, trauma and/or experimenting with their identities. Substance misuse hence overlaps with a range of other vulnerabilities which can also exacerbate their risk of abuse and exploitation.[29] In England, 1 in 25 adults lived at some point during their childhood with someone misusing, or dependent on, drugs.[28]

The Independent Review of Drugs (2020[30]) highlighted that the county lines illegal drug distribution model is characterised by exploitation of young people (often as young as 15-17 and mostly male), predominantly recruited as 'runners' to transport drugs or money. Such

[vii] North Yorkshire and West Berkshire are the closest area statistical comparators for Rutland, specifically for children – Children's Services Statistical Neighbour Benchmarking Tool

children are often vulnerable, experiencing poverty and/or family breakdown, and are frequently known to social services. However, not all young people are groomed or coerced – some engage to earn money and status.

The 2014/15 What About Youth (WAY) survey is a home postal survey which questioned 15-year-olds on various health behaviours, including whether they had ever tried cannabis. When examining results nationally, there was no significant difference between males and females (10.6% and 10.8% respectively). However, gay, lesbian and bisexual 15-year-olds were significantly more likely to have tried cannabis than their heterosexual peers. Those from white or mixed ethnic backgrounds were significantly more likely to have ever tried cannabis than those from Asian, Black or other backgrounds.[31]

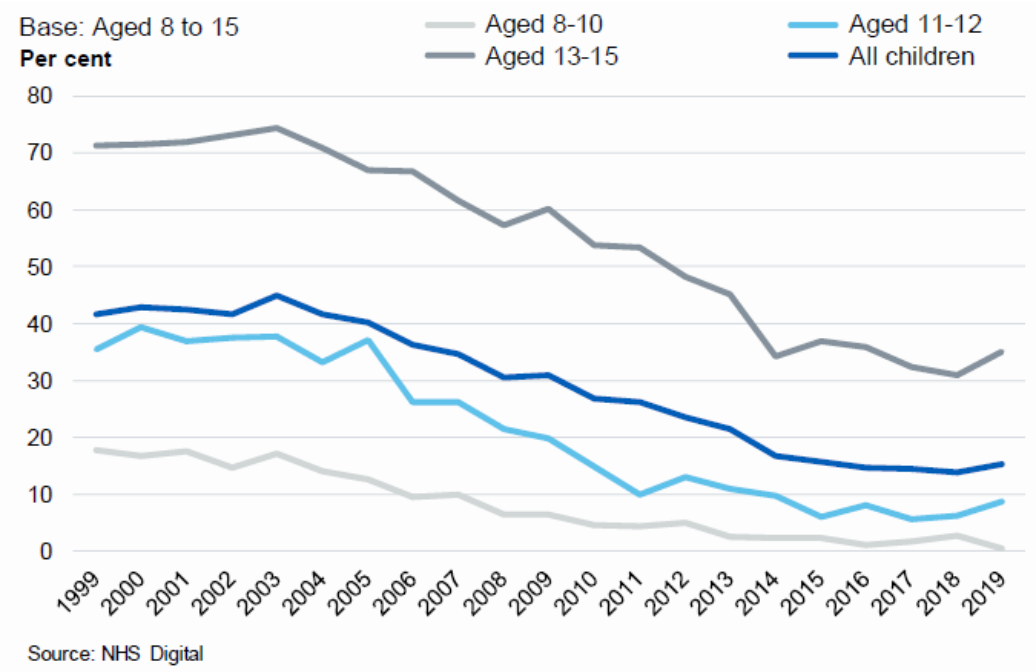
The Smoking, Drinking and Drug Use among Young People in England (SDD) survey questions secondary school pupils, aged 11 to 15 on certain health behaviours in exam conditions. Due to the difference in methodologies, the results of the SDD and WAY surveys should not be directly compared. The survey shows that substance misuse (including alcohol) amongst young people has been broadly in decline since 2001. The most recent survey in 2021 showed a general reduction in drug use since 2018 - 18% of pupils reported they had ever taken drugs (lower than 24% in 2018), 12% had taken drugs in the last year (17% in 2018), and 6% in the last month (9% in 2018)[32].

3.2.2.2 Alcohol

Drinking any amount of alcohol at early age can significantly affect child's development and health and increases the likelihood of alcohol dependency in adulthood. In the early 2000's, alcohol consumption among young people in England was relatively high when compared to other European countries[33].

The HSE 2019 surveyed the rates of alcohol consumption by children aged between 8 and 15. In 2019, 15% of children said they had ever had an alcoholic drink, this gives an estimate of between 13% and 18% for England, considering the statistical significance of the result. This is significantly below the peak of 45% recorded in 2003, although since 2016, the rate was relatively stable, varying between 15% and 14% on average. The rates were similar for boys and girls and the rates were higher for older children (highest for 13- to 15-year-olds) (Figure 5).

Figure 5. Proportion of children who have ever had an alcoholic drink (Source: HSE 2019: Children's health)



The HSE 2019 survey did not detect variation across household income levels, however, parental drinking levels (from the linked HSE 2019 for adults) were predictive of the likelihood of drinking by children. Thus, for non-drinking parents, the rate of consumption in children (8–15-year-olds ever having had an alcoholic drink) was 5%, while for parents drinking at increased or higher risk level (any volume above 14 units per week) that rate was 5 times higher – 25%. For parents drinking at safe level (below 14 units per week), the rate in children was between 10% and 15%.

The 2014/15 What About Youth (WAY) survey found a 6% rate of alcohol consumption (15-year-olds drinking at least once a week) in England, with a 15% rate of drinking in the past four. The survey has also shown higher levels of drinking in white ethnic groups and among the LGB 15-year-olds.

Adverse childhood experiences or events (ACEs), such as family history of addiction, are a recognised risk factor for alcohol misuse. Children who experience four or more adversities are twice as likely to binge drink[34], and four times as likely to be a higher risk drinker.

Misusing alcohol can be a sign that young people are dealing with adversity or trauma. Alcohol misuse overlaps with a range of other vulnerabilities and risk of abuse and exploitation. In England, one in ten adults lived at some point during their childhood with someone misusing, or dependent on, alcohol.

3.2.3 Homelessness

Homelessness can be defined in many ways: from statutorily homeless, single homeless

people, rough sleepers and those at risk of homelessness. Many people who become homeless do not show up in official figures. This is known as hidden homelessness. This includes people who become homeless but find a temporary solution by staying with family members or friends, living in squats or other insecure accommodation. Research by the charity Crisis indicates that about 62% of single homeless people are hidden and may not show up in official figures.[35]

The Annual Rough Sleeping Snapshot in England[36], reported on the numbers of people sleeping rough[viii] on one night in autumn (October-November) in 2020. Across England there nearly 2,690 people sleeping rough which was 37% less than in 2019 (4,266) but much higher than in 2010 when records began (1,768). Because the 2020 snapshot was counted during the COVID-19 pandemic restrictions in many areas the annual fall in numbers could be an underestimate of the need. Also, counts are subject to weather conditions etc. The general national trend was for an increase up to 2017 with some reduction in 2018 and 2019. The East Midlands region followed a similar trend, with total or rough sleepers counted in 2020 at 187.

Data released in February 2023 by the Department for Levelling Up, Housing and Communities show the first increase in rough sleeping in England since 2017. The figures estimate that 3,069 people were sleeping rough on a single night in England in autumn 2022 – a 26% increase from 2021 and 74% increase from 2010, when the data collection first began. Across Leicestershire and Rutland, the numbers more than doubled (109% rise) since 2021.

The association between homelessness and substance misuse is complex, either causal or contributory in character. The charity Crisis reported that, during 2013-15, 27% of their clients reported problematic drug or alcohol use, with two thirds of homeless people citing drug or alcohol use as a reason for becoming homeless.

Homelessness can be both a cause and consequence of drug misuse, although not everyone who has problems with drugs becomes homeless, and not every homeless person has problems with drug misuse. National data show that one-fifth of adults starting treatment in 2019 to 2020 reported a housing problem, increasing to one-third of people in treatment for opiates[37].

The charity Crisis reports that nationally levels of drug misuse are relatively high amongst the homeless compared to the general population. During 2013-15, two thirds of homeless people citing drug or alcohol use as a reason for first becoming homeless. They found that those who use drugs are seven times more likely to be homeless[35]. It is recognised that a safe, stable home can further enable people to sustain drug misuse recovery.

[viii] The snapshot records only those people seen, or thought to be, sleeping rough on a single night and may exclude many groups, such as those in shelters.

About a fifth of adults presenting to substance misuse treatment (NDTMS) report a housing problem, or urgent No Fixed Abode (NFA) problem. Opiate clients tend to report the highest percentage of an urgent housing problem, usually NFA, or some form of current housing problem (such as staying with friends or family as a short-term guest or residing at a short-term hostel). This rate has remained relatively stable for most substance groups since 2009-10, although there has been an increase in the proportion of opiate clients with an urgent housing problem from 10% in 2009-10 to 16% in 2017-18[38].

For Rutland, approximately 10% of new clients report housing problem (majority presenting for alcohol treatment), lower than national average. Numbers are too small to report, due to confidentiality constraints.

Homelessness is strongly linked to mortality. Across England and Wales, mortality among the homeless was increasing between 2014 and 2019, although there was a reduction in 2020 and 2021, with 741 estimated homeless deaths in in 2021. The majority of deaths (87%) were among men and the rate in the East Midlands' Region is the fourth lowest in the country.

Nationally, almost two in five deaths of homeless people were related to drug poisoning in 2021 (259 estimated deaths; 35% of the total number), consistent with previous years and one in ten (N=71) were related to alcohol[39].

There were no deaths, whether recorded or estimated, among the homeless in Rutland since 2013[40].

3.2.4 Armed Forces

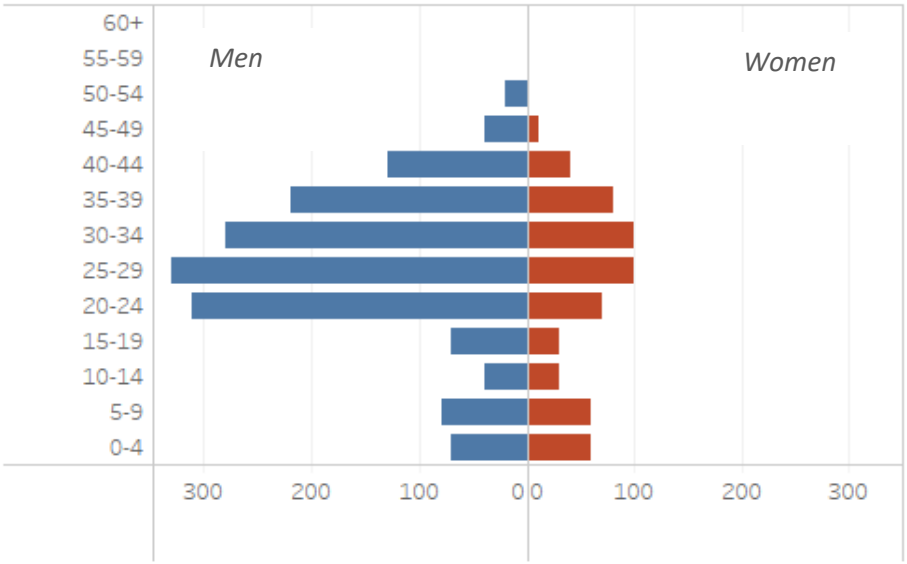
In April 2022, there were 2,110 armed forces and entitled civilian personnel registered in Rutland, accounting for 5.1% of the resident population in the county, including 1,550 individuals (73%) in the armed forces and 580 individuals (27%) were entitled civilian personnel. Of the military personnel stationed in Rutland, 53% were for male, aged 20-39 and 27% were female (Figure 6), which is higher than the national average.

In addition, using the 1.7 multiplier, there could be over 3,670 family members (or 9% of Rutland's population).

A change in the demographic profile of military personnel and their families is expected in the summer of 2023 with the rotation at Kendrew Barracks (the arrival of the 1st Battalion of the Royal Anglian Regiment). This rotation arrived over the summer and consisted of

- Total unit strength for 1 R Anglian Regt (Vikings): **572** soldiers (of all ranks)
- Total number of families: **171** (does not distinguish if any are single parent families)
- Total number of dependant children: **252** (of which 93 are preschool age, and 9 in further education beyond school age)

Figure 6. Age structure of military population in Rutland, October 2021[41](MoD 2022)



The Ministry of Defence has a 'zero tolerance' approach to use of drugs or controlled substances. It is likely that prevalence of drug misuse within this population is low as people who test positive for drugs will face disciplinary proceedings.

However, data indicate that alcohol misuse within the UK Armed Forces population is higher than in the UK general population, with estimates of increased risk drinking levels within the Armed Forces ranging from 39% to 67% of the military population[42].

A recent systematic review[43] of literature suggests that there are military-specific traits and experiences which impact alcohol use, namely military characteristics, such as service type and rank, and military deployment. Mental health, cultural and social factors play a role in alcohol use in a military population and mental ill health and harmful levels of alcohol use in military personnel co-exist. Importantly, there is evidence that internal stigma makes military population particularly reticent to seek help for both alcohol and mental health problems.

As with civilian members of the community, veterans can be vulnerable to substance misuse. Rutland has a higher proportion of UK armed forces veterans than the England and Wales figure, with nearly 7% of adult (over 16) population who had previously served in the armed forces (5.9% regular, 0.8% reserve, 0.2% both). This compares to the national rate of 3.8%.[44]

Veterans sometimes use alcohol, and/or, drugs to cope with the physical and psychological effects of military service. These risks can be increased if their physical, and/or, mental health reduces their ability to find and hold long-term, fulfilling employment and secure accommodation. However, it is not possible to quantify how many veterans are misusing alcohol within local authority areas.

There is the single point of contact being implemented for veterans, a veteran's hub in Oakham and the 4 GP practices in Rutland are veteran friendly.

3.2.5 Prisoners

3.2.5.1 Drugs

People in prison or those in the criminal justice system have a higher prevalence of substance misuse than the general population, and prisoners with addiction issues are at an increased risk of self-harm and suicide. Within prisons drugs are widely available, with around 15% of prisoners testing positive to random drug tests and one in three people estimated to have severe drug dependence. The pattern of drug use in prisons is changing, with new psychoactive substances becoming increasingly problematic. The problems are greatest in male local and category C prisons[45].

The level of drug misuse in prisons is measured by the Random Mandatory Drug Testing programme (RMDT). The aim of RMDT is to test a random sample of 5% or 10% of prisoners each month (depending on prison capacity) and to monitor and deter drug-misuse. Between 1998/99 and 2014/15, in the UK, the share of prisoners testing positive for drug use from all randomly tested prisoners decreased from 18.3% to just below 7%. However, the level has increased in recent years to 10.5% in 2019/20. The use of NPS was measured first in 2017/18, and since then it fell from 12.9% to 4.3% in 2019/20[46].

HMP Stocken in Stretton, near Oakham, is a category C closed training prison. Government data available in October 2023 stated 1,041 of current population for Stocken prison. The main intake and release into area prison for Rutland is HMP Leicester (category B), however other releasing prisons are HMP Lincoln (category B), HMP Nottingham (category B) and the category B women's prison in Peterborough.

The continuity of care between treatment services in prisons and the community is monitored by the Public Health Outcomes Framework (PHOF) indicator C20. In England, the proportion of adults released from prison and successfully starting community treatment within 3 weeks of release was over 42.6% between April 2022 and March 2023, which represents an increase (by 5.2%) from the previous period (2021/22). The rate in the East Midlands was 38.4%. The rate for Rutland could not be calculated due to small numbers, with neighbouring Leicestershire recording a rate significantly higher than the national average (54.1%) – Figure 7.

Figure 7 The proportion of adults released from prison and successfully starting community treatment within 3 weeks of release in 2022/23 across the East Midlands (PHOF 2023)

Area	Recent Trend	Count	Value
England	↑	7,276	42.6
East Midlands region	→	651	38.4
West Northamptonshire	–	50	70.4
Derby	↑	97	56.7
Lincolnshire	→	107	55.4
Leicestershire	→	40	54.1
Derbyshire	→	80	43.2
Nottingham	→	120	34.9
Leicester	↑	82	30.1
Nottinghamshire	→	61	27.6
North Northamptonshire	–	14	8.9
Rutland	–	-	-

Source: Calculated by OHID: Evidence Application Team using data from the National Drug Treatment Monitoring System (NDTMS).

3.2.5.2 Alcohol

It has been estimated that around three-quarters of those who come into contact with the UK's criminal justice system (those in police custody, probation settings and the prison system) have a problem with alcohol, and over a third are dependent on alcohol.

Nationally, treatment for substance misuse can be in the following settings - prisons, immigration removal centres and young offender institutions. In 2021/22 in England[47] among all clients treated for substance misuse in secure setting, 12% (just under 5,600 adults) were treated for alcohol only and further 20% for non-opiates and alcohol. The majority of alcohol-only (98%) interventions were in prisons 2% in young offender institutions. Only 10% of those clients were women. Like community treatment, adults being treated for alcohol problems only tended to be older than those treated for other substances.

As reported by the Ministry of Justice, there is one prison in Rutland, category C men's prison in Stocken, near Oakham, with a population of 1,041 (October 2023); this prison has an operational capacity of 1,071[48].

4 HEALTH NEEDS

4.1 Prevalence of Substance Misuse

Prevalence is a measure of all individuals with a disease, illness or characteristic at a given time, an important measure to gauge the size of a problem in a population. For the purposes of this chapter, 'prevalence' is defined as the proportion of the population misusing substances, drugs or alcohol, unless otherwise stated.

The true prevalence of substance misuse locally is unknown, but a triangulation of survey data, secondary care and specialised treatment service data can provide estimates to gauge the possible size of the problem. The main sources of these estimates are the *Crime Survey for England and Wales* (CSEW 2020) and *Health Survey for England* (HSE, 2019) provide estimates for recreational drug and alcohol use, while the *National Drug Treatment Monitoring System* (NDTMS) provides insights into problematic substance use. The secondary care data looks at hospital admissions for those who may or may not be in contact with a specialised treatment service.

Please note that some ballpark local estimates of substance misuse were given in the section on demographic factors (3.1, page 13).

It is important to note that certain populations, including those at a particular risk of developing substance misuse, such as the homeless, may not be accounted for in some of these figures, and hence the data is likely to present an underestimate of the true prevalence.

4.1.1 Overall prevalence estimates

4.1.1.1 Drugs

The CSEW 2020 estimates the prevalence of recreational drug use by taking a representative sample and applying the results to the whole population in England and Wales. Approximately one third (35%) of adults reported in 2019/20 to having taken drugs at some point during their lifetime. Since 2001/02 this proportion fluctuated between 34% and 36.8%. When considering frequent use, where frequent use is defined as taking an illicit drug more than once a month on average, 2.1% of 16–59-year-olds reported frequent drug use in 2019/20. This is not statistically different to the 2016/17 survey. Due to a change in formulation of the question, long term trend information is not available on frequent use.

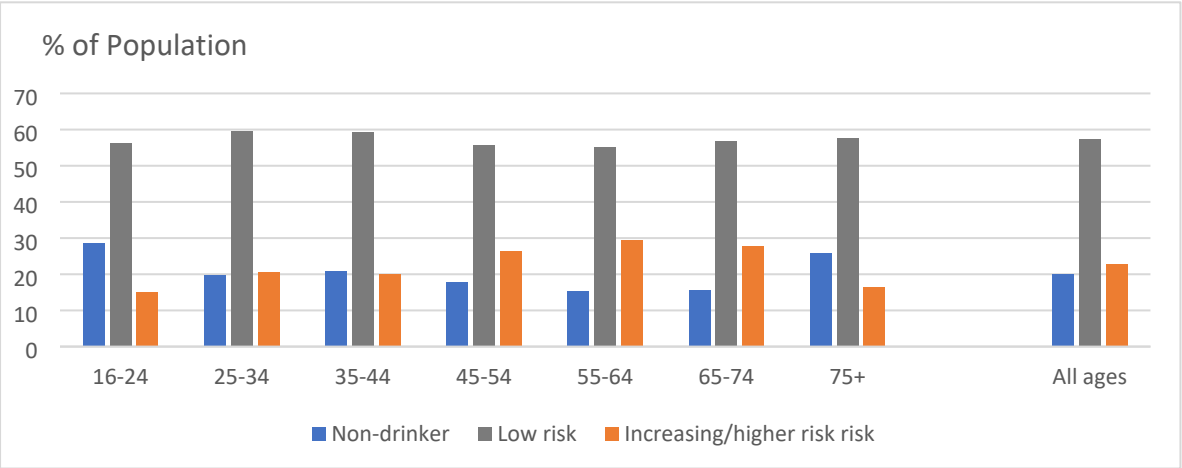
Using national survey results to estimate local prevalence in a relatively small population often gives results difficult to interpret due to high level of uncertainty reflected in broad confidence intervals. For example, the estimates of the prevalence of opiate use and/or crack cocaine use (2016-17)[49] gives the following numbers for Rutland: 49 (95% CI 11-112) for OCU[ix], 37 (95% CI 11-78) for opiates and 43 (95% CI 6-83) for crack cocaine. Expressed as rate per thousand of population aged 15-64, the point estimate of OCU use was estimated to be 2% in Rutland, which is low when compared to 6% in Leicestershire, 8% in the East Midlands and 9% nationally.

[ix] Opiate and/or crack cocaine use

4.1.1.2 Alcohol

The HSE 2019 examined national drinking patterns. The highest proportion of adults drinking above the safe limits are in adults aged between 45 and 74 (up to 30% of those aged 55-64). On average 22% of all adult population in England are drinking above the risk level, 30% of men and 15% of women (Figure 8).

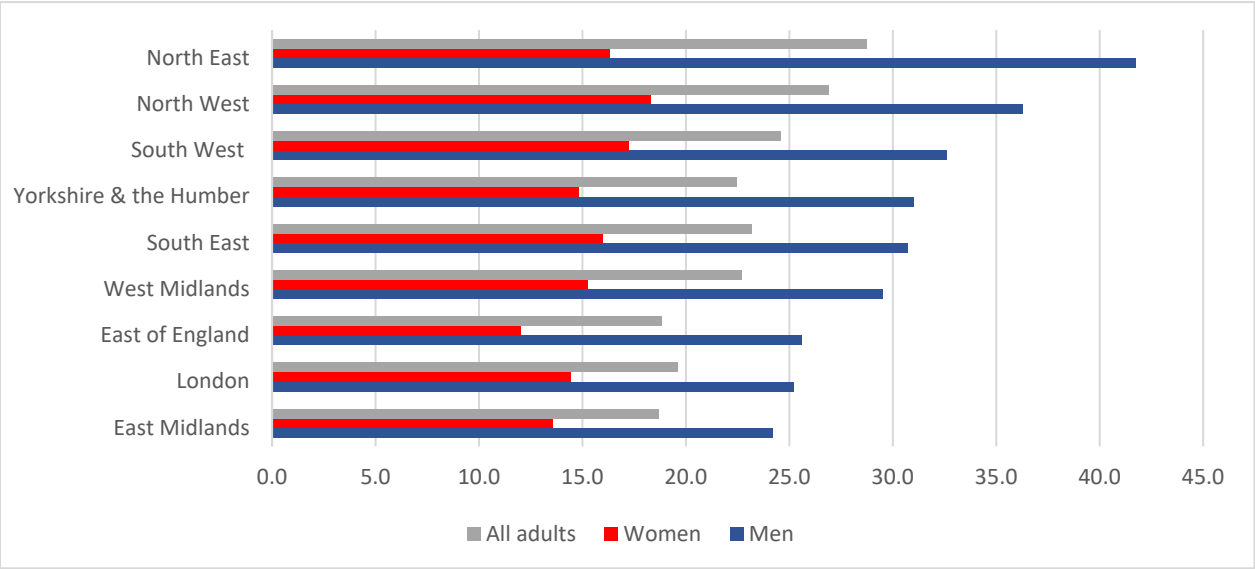
Figure 8. Patterns of alcohol consumption in England, adults 16 and above (Source: Health and Social Care Information Centre 2020)



Non-drinker = not consuming alcohol
Low risk = drinking less than 14 units per week
Increasing risk = above 14 and up to 50 units for men, above 14 and up to 35 units for women
Higher risk = above 50 units a week for men, above 35 units for women

The age-standardised proportions of drinking at increasing or higher risk level for English regions show East Midlands is the lowest with 19% of the adult population (24% of men and 14% of women). The highest rates were in the Northeast, with 29% overall, 42% of men and 16% of women (Figure 9).

Figure 9. Regional variation in the proportion of higher risk drinkers (more than 14 unit per week) (Source: HSE 2019)



The estimated number of dependent drinkers in Rutland (2018/19) was 260 (95% CI 188-374).

4.2 Numbers in Treatment

The *National Drug Treatment Monitoring System (NDTMS)* collects regular activity and performance data from all drug treatment services in England and reports information on individuals receiving structured drug or alcohol treatment in each local area. NDTMS data include all individuals who cited an illicit substance misuse problem upon entering treatment. In 2021/22, there were approximately 85 individuals in drug and alcohol misuse treatment services in Rutland. Please note that, to ensure non-disclosure, local counts were rounded to the nearest 5.

Table 2 presents the numbers and proportions of adults in treatment in Rutland by substance group, compared to the national average, with the corresponding new presentations. Locally, the largest proportion is of adult clients treated for alcohol problems only (44%), followed by opiates (28%). Nationally these proportions were 28% and 51%, respectively, although caution is required in interpreting these comparisons, as local numbers are relatively low and subject to annual change. For example, the number of opiate clients in Rutland has increased by nearly 40% between 2020/21 and 2021/22, while that for non-opiate users has decreased by 50% in the same period[50]. Two thirds of clients in alcohol treatment were male, one third female. For those in drug treatment the proportions were 51% male and 49% female.

Table 2: Numbers of adults (18+) in treatment and new presentations by main substance group 2021/22

	Rutland	**England**

	Clients in treatment (new presentations) *	% Total in treatment	% Total in treatment
Opiate	25 (10)	28%	51%
Non-opiate	5 (5)	6%	10%
Non-opiate & alcohol	20 (10)	22%	11%
Alcohol only	40 (35)	44%	28%
Total	**85** (60)		

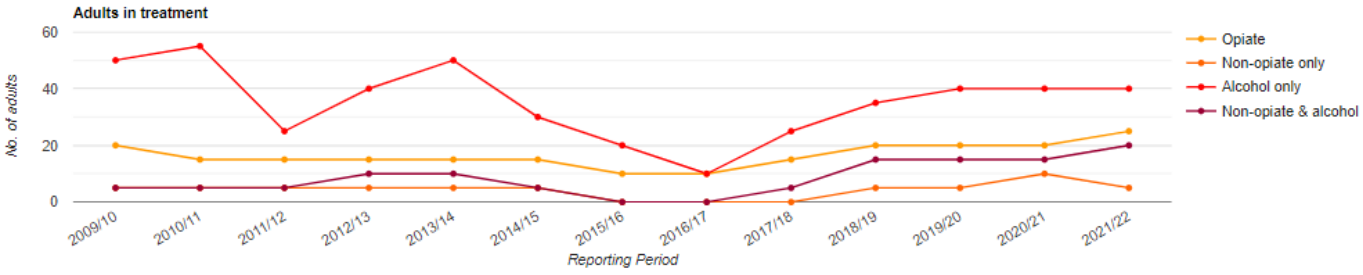
Source: NDTMS 2022

** Local numbers rounded to nearest 5*

The trends for adults in treatment are presented in Figure 10. It shows an increase in number of those in alcohol treatment since 2016/17 and smaller increases in other groups, except for non-opiate only treatment. This trend needs to be gauged against a minor fall across England (-1.4%) in the same period for all groups, and a 5% reduction in numbers of clients accessing alcohol treatment. It is of note that similar trends were observed in Leicestershire, where the numbers of individuals in treatment for alcohol has also doubled since 2016/17.

It is to be noted that there was a retender in 2016, with the new tender being a combined service offer which also had a reclassification for recording alcohol. The increase in alcohol figures is also attributable to the COVID-19 pandemic which showed a year on year increase.

Figure 10 Trends in the numbers of adults in treatment 2009/10 to 2021/22 Rutland (NDTMS 2023)

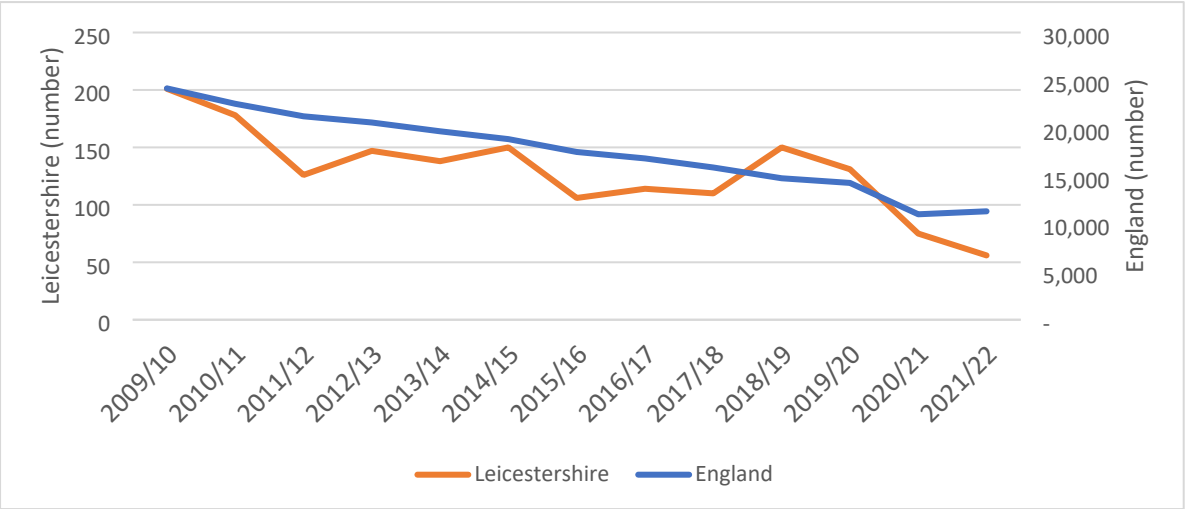


4.2.1 Young people in treatment

The number of young people (under 18 years of age) in treatment in Rutland was approximately 5 each year since 2016/17, for cannabis/nicotine. Such low numbers are difficult to present as rates or trends.

To provide a broader context, the trends in England and Leicestershire are presented in Figure 11, showing a substantial reduction in numbers (from over 200 in 2009/10 to 75 in 2020/21 and 56 in 2021/22); this pattern broadly follows the national trend.

Figure 11. Trends in the number of young people in treatment in England and Leicestershire (Source: NDTMS 2023)



There is anecdotal information regarding increased numbers engaging and awaiting assessment with ADHD.

4.3 Hospitalisations

A number of indicators at the national and local level are derived from hospital activity data, including rates of admissions 'specific' (Table 3) as well as those 'related' to alcohol misuse (

Table 4 and Table 5), which can be defined in either narrow or broad terms. While the former, narrow methodology, estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions, the latter gives more of an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS.

On average, one can expect around 35 alcohol-specific admissions in Rutland, with rates significantly lower than national average for both men and women, and lowest among Rutland's CIPFA comparators. Data are not available for those under the age of 18.

Similarly for alcohol-related hospitalisation, by either broad or narrow definition, the rates in Rutland have been significantly lower than national average, and low compared to other similar areas across England.

There are a number of admission-based indicators, focusing on specific complication or comorbidities and these are presented in other relevant sections of this report and some further details are summarised in AppendixAppendix Figure 2.

Table 3. Rates of admission for alcohol-specific conditions in Rutland 2018/19-2020/21

	Rutland	CIPFA range	England

	Number	DSR (95% CI)	DSR	DSR
Persons	105	255 (208-310)	255-701	626
Males	65	300 (231-384)	300-930	879
Females	40	218 (155-298)	218-489	390

Table 4. Rates of admissions related to alcohol misuse in Rutland in 2021/22, narrow definition (Source: OHID 2023)

	Rutland		**CIPFA range**	**England**
	Number	DSR (95% CI)	DSR	DSR
Persons	141	315 (264-373)	313-552	494
Males	82	359 (231-384)	359-679	664
Females	59	218 (155-298)	173-478	341

Table 5. Rates of admissions related to alcohol misuse in Rutland in 2021/22, broad definition (Source: OHID 2023)

	Rutland		**CIPFA range**	**England**
	Number	DSR (95% CI)	DSR	DSR
Persons	509	1,068 (976-1,167)	1,068-1,763	1,734
Males	374	1,584 (1,426-1,754)	1,584-2,616	2,683
Females	135	616 (512-733)	583-1,032	906

DSR = directly standardised rate per 100,000 population

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Historically there have been models for addressing the issue of alcohol related hospital admissions such as frequent flyer initiatives, hospital based teams and in-reach services from treatment providers. Currently monies were made available to acute trusts to develop alcohol care teams. University Hospitals of Leicester (UHL) has developed this team with Turning Point.

4.4 Comorbidities

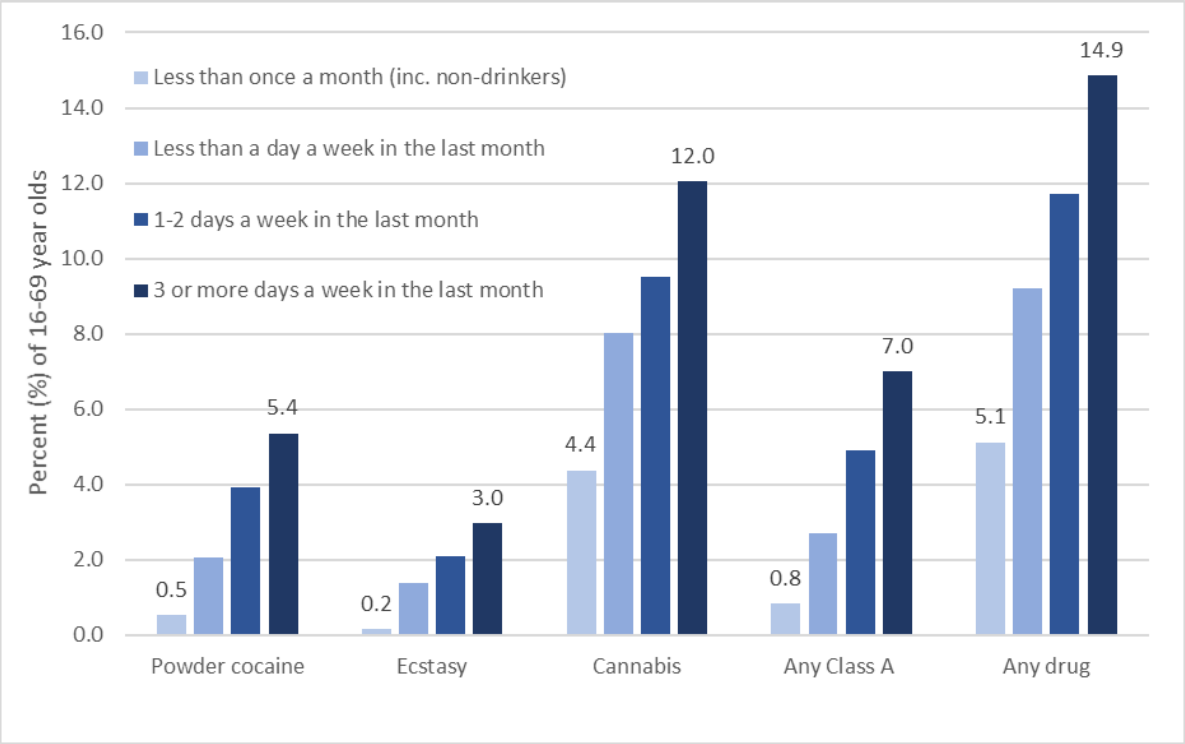
Comorbidity is the presence of one or more additional diseases or disorders co-occurring with a primary condition. Data shows that drugs misuse is often concurrent with alcohol misuse, tobacco use, and mental health and wellbeing problems. This section provides a combined outline for drugs and alcohol misuse.

4.4.1 Alcohol

The 2020 CSEW provides information on drug use in the past 12 months with concomitant alcohol consumption levels. Figure 12 shows that, as frequency of alcohol consumption

increased, so did levels of past year drug use. Adults aged 16 to 59 who reported drinking alcohol three or more days per week in the last month were three times as likely to have used any drug (15% compared with 5%) and more than seven times as likely to have used a Class A drug (7% compared with 0.8%) in the last year than those who reported drinking less than once a month (including non-drinkers).

Figure 12: Frequency of alcohol consumption and drug use, adults aged 16 to 59 years, England 2019/20



Further analysis by PHE found that alcohol is mentioned in around a third of drug misuse deaths annually in England.[51]

Of those presenting for alcohol treatment, 62% in Rutland were misusing alcohol only, and 30% were also using non-opiate drugs. The remaining 8% were the small numbers in alcohol and opiate or alcohol, opiate and non-opiate groups. Across all groups nearly a quarter (23%) were also citing cannabis use.

4.4.2 Tobacco

Smoking in people who use drugs and alcohol is highly prevalent and a major cause of illness and death. Compared to the general population rates of tobacco use in England (12%), the rates of smoking among those entering treatment for drugs misuse are much higher – 65% of those with opiate problem and 57% of those for non-opiate, 62% for non-opiate and alcohol and 41% of those treated for alcohol only (England in 2021/22). As the numbers of those

entering treatment in Rutland in 2021/22 are too low to derive robust comparison to the national average, it is estimated about a third of Rutland's adults entering drug treatment report smoking tobacco[52].

Smoking is a particularly common co-dependence among those misusing alcohol, regarded by many as a harder addiction to break, although those wishing to quit are three times more likely to succeed given professional support. Smoking has a significant impact on long-term health, a major cause of illness and death.

4.4.3 Mental Health and wellbeing

Mental wellbeing can be defined through psychological attributes such as confidence and optimism or through affective or emotional states such as happiness and life satisfaction.

The *2020 CSEW* reported four measures of wellbeing – satisfaction with life, feelings that things in life are worthwhile, level of happiness and levels of anxiety. Last-year prevalence of any drug or class A drug use was 5 times more likely among those reporting low life satisfaction (ratios of 5.1 and 4.8, respectively) or feeling of life worthiness (ratios of 4.8 and 5.9, respectively) when compared to those reporting very high levels of wellbeing. Low level of happiness was nearly six times more likely to be linked to class A drug use and nearly four times to all drugs use. This pattern was less clear for the anxiety, although high anxiety was about 50% more likely to be reported with drug use in the previous year. It is important to stress that no causal links can be implied from survey results and the direction of any association is uncertain; it is equally possible that low life satisfaction could lead to drug use, or that drug use could lead to low life satisfaction. It is also possible that an unknown third variable could cause both low life satisfaction and drug use.

Direct indicators of dual diagnosis are currently largely unavailable. However, mental health problems are common in those in treatment for drug use. In Leicestershire and Rutland, 15.2% of those entering substance misuse treatment services were also receiving mental health support services for a reason other than their substance misuse in 2016/17. This accounts for 72 service users and is significantly lower than the England average of 24.3%.[53] This measure is indicative of levels of co-existing mental health problems in the drug treatment population but should not be regarded as a comprehensive measure of dual diagnosis as it only captures whether a person is receiving mental health treatment at a given point in time rather than at any point in time.

In 2021-22 in Rutland, 68% of adults who entered drug, and 62% of those entering alcohol-only treatment were identified as having a mental health need, for reasons other than substance misuse. The local numbers are too low for robust comparison to the national rate,

but they are in the same ballpark (70% for both groups nationally). The rates were higher for women than men (86% vs 61% and 67% vs 59%, for drugs and alcohol, respectively). In alcohol-only group, over three-quarters were receiving treatment for their mental health, mainly through their GP or CMHT (Community Mental Health Team).

4.5 Treatment Gap

Treatment gap is calculated using local estimates of prevalence and the numbers of adults in alcohol treatment, giving a potential number of those who could benefit from specialist alcohol treatment. These data are published to aid the commissioning process, although specific local targets should be determined in a context of the local strategy.

Nationally, it is estimated that the gap in treatment (percentage of those not currently in treatment based on prevalence estimates) is 82% for alcohol, 58% for crack cocaine, 53% for OCU and 47% for opiates.

For Rutland, the prevalence estimates have a high degree of uncertainty and these point estimates of unmet need have to treated with great caution, but the gap in alcohol only treatment is estimated at 79%, crack 84%, OCU 61% and opiates 51% (Source: NDTMS).

4.5.1 Club Drugs and New Psychoactive Substances (NPS)

Socialising in the night-time economy, for example attending pubs and clubs, is associated with increased drug taking behaviour. The CSEW notes that 'Club drugs and new psychoactive substances (NPS)' brings together a number of different substances typically used by people in bars, nightclubs, concerts and/or parties, before and/or after a night out. Club drugs, as categorised by the CSEW include ecstasy, ketamine, GHB/GBL, methamphetamine and mephedrone. The *2020 CSEW* survey shows that the use of NPS in the last year has fallen between 2014/15 and 2019/20 from 0.9% of all adults to 0.3% (statistically significant difference). A similar trend was observed among young adults, 16–24-year-olds (from 2.8% to 1.3%). Rates are generally higher for men when compared to women (twice as high across all ages and by about 40% among young adults).
The 2020 CSEW *survey* found increased levels of drug use were associated with a higher frequency of visits to pubs, bars and nightclubs. The use of any illicit drug in the past year was reported almost five times more often by those who frequented pubs/bars nine or more times in the past month compared with those who had not visited a nightclub; and 10 times for any class A drug. For individual drugs, this differential was most pronounced for ecstasy use (39 times), followed by cocaine (20 times) and hallucinogens (17 times). Over the past 10 years (since 2009/10) these differentials have widened for most of drugs, particularly for ecstasy (14 times in 2009/10 compared to 39 in 2019/20). It is important to note that demographic factors are not necessarily independently associated with higher drug use. For example, while visiting nightclubs and bars is associated with higher drug use, some of this association may be driven by age, as younger people are more likely to visit nightclubs or bars.
Treatment data from NDTMS also considers club drug use. Here, club drugs include ecstasy, ketamine, GHB/GBL, methamphetamine, mephedrone, and NPS. NDTMS reports note that non-

opiate using, adult club drug users typically have good personal resources – jobs, relationships, accommodation and are hence more likely to make the most of treatment compared to opiate users who often face a more complex set of challenges. In 2020/21 in Leicestershire, 7% of new treatment entrants cited club drug use, with no additional opiate use, compared to 8% nationally. This equates to 26 individuals. In the same time period, 4% of new entrants cited club drug use alongside opiate use compared to 2% nationally. Locally, this equates to 11 individuals.

The *2020 CSEW* found 1.4% of 15–69-year-olds reported having taken *ecstasy* in the last year. This represents a fall from the previous year's prevalence of 1.6%, although fluctuations have been apparent since data was first reported in 1996. Ecstasy use is highest in 20–24-year-olds, with 4.2% of this age group reporting its use in the last year, followed by 16-19s (3.7%).

Of all 'club drugs', ecstasy was found to be the third most commonly reported nationally with 693 citations in 2020/21. This follows a year-on-year decline for the past 5 years, while prior to that, citations had fluctuated. In Leicestershire, ecstasy was the second most commonly cited club drug when presenting to treatment in 2020/21, with 11 citations.

The CSEW found 0.8% of 15–69-year-olds reported having taken *ketamine* **i**n the last year. This has remained unchanged over the past three years but is a significant rise from 0.5% ten years ago (2009/10). However, fluctuations have been apparent during this time. National treatment data shows presentations citing ketamine use have increased year on year for the past 6 years, with 426 citations in 2014/15, increasing to 1,444 in 2020/21. The numbers presenting to treatment locally, citing ketamine use have remained under 5 between 2014/15 and 2017/18. This increased to 11 in 2018/19, before decreasing year on year over the past 2 years to 5 citations in 2020/21.

When compared to other drugs in the 2020 CSEW, *methamphetamine and mephedrone* use was comparatively low with less than 0.1% reporting their use in the last year for either of these drugs. Methamphetamine use in the past year has varied between 0% and 0.2% since reporting began in 2008/09. Mephedrone use has seen a declining trend since 2010/11 when 4.4% reporting its use in the past year. When considering NDTMS data, nationally there has been a large decline in the numbers presenting to treatment citing the use of mephedrone from 2,024 in 2014-15 to 89 in 2020-21. In Leicestershire mephedrone use peaked in 2013-14 with 84 of new presentations citing its use. Since then, numbers have dropped year on year with less than 5 presentations reporting its use in 2020-21.

An evidence reviews of the outcomes that can be expected of drug misuse in England by Public Health England found the use of NPS is increasing and is a particular problem in prisons and the homeless.[33] The 2020 CSEW found 0.3% of 16-59 year olds had taken NPS in the last year. This fell from 0.9% in 2014/15 and 0.5% in the previous year. The majority of people who had taken a NPS in the previous year had also taken another drug. Both prison settings and the homeless are not included in the CSEW survey. As a result, NPS use is likely to higher.

NPS were found to be the second most common cited club drugs when presenting to treatment in 2020/21 nationally (with 1,283 citations). This follows decline in presentations stating NPS use, from its peak of 2,042 in 2015/16 to 1,283 in 2020/21, equating to a 37% decrease. Local numbers have remained low but have increased from 7 to 17 in those respective years.

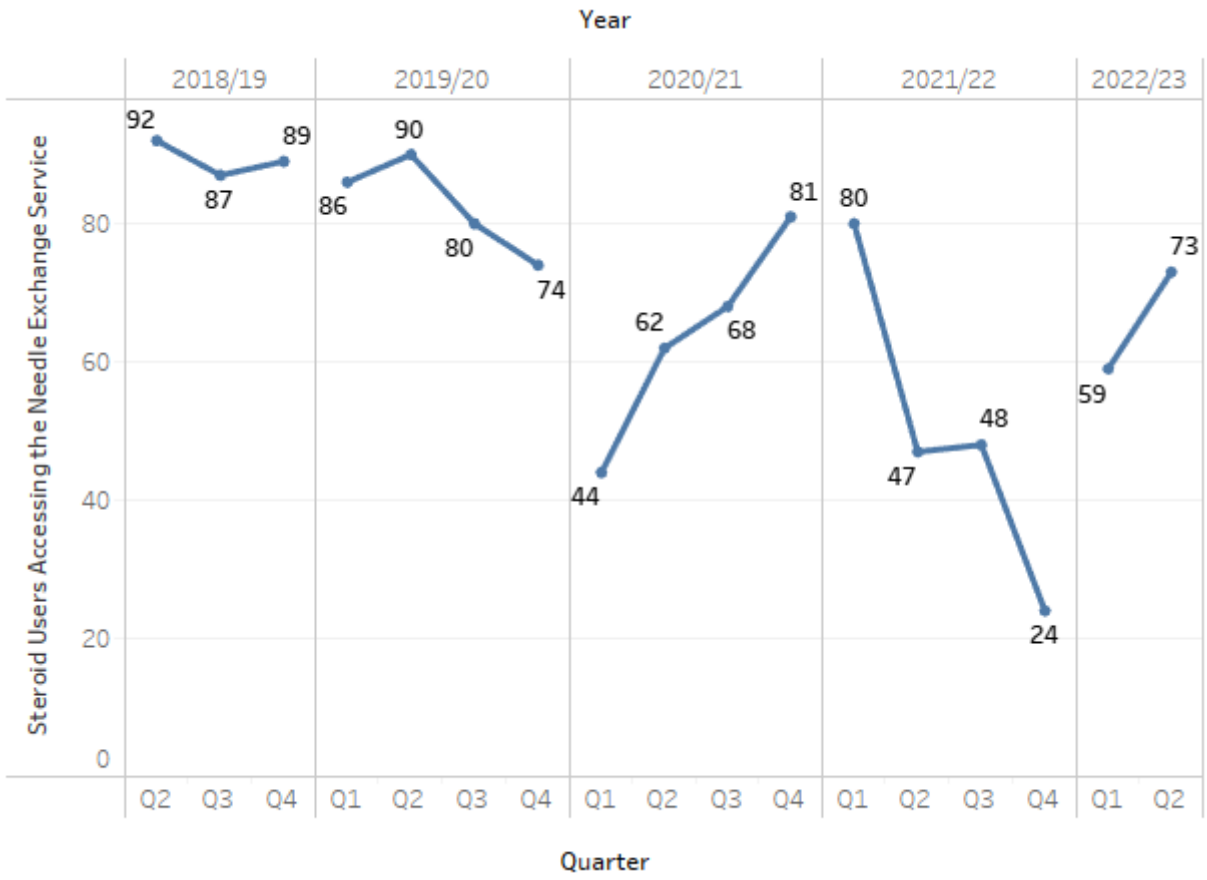
4.5.2 Anabolic steroids

There is little data available around the use of anabolic steroids in the population. However, the 2020 CSEW found that 0.1% of the population reported its use in the previous year, a fall from 0.2% in the previous years. Over the years the prevalence of anabolic steroid use varied between 0.1 and 0.3%. In adults aged 16 to 24, 0.3% reported their use in the last year.

The substance misuse service in Leicestershire, Turning Point, has collected data on this cohort since 2018/19. Figure 14 shows the number of steroid users accessing the needle exchange service at Turning Point in Leicestershire by quarter, with the latest data showing 73 users from July to September in 2022/23. Please note that there is significant variation in the quarterly numbers, and it

is difficult to comment on any underlying trends, although there tends to be some seasonal variation with steroid use which is attributable to the spikes and declines. Furthermore, these individuals are not necessarily Leicestershire residents and cannot be assessed as it is an anonymous program. In Rutland there is anecdotal information of steroid use though the kit given out by NSP and needle finds.

Figure 13. Number of Steroid Users Accessing the Needle Exchange Service in Leicestershire (Turning Point 2022).



4.5.3 Prescription only medicine/over-the-counter medicine (POM/OTC)

In an evidence review of the outcomes that can be expected of drug misuse treatment in England, Public Health England noted in 2018 "there are reports of increasing problems of misuse and dependence associated with some prescription and over-the counter medicines.[xxxiv]" There is currently limited data on this outside treatment data. In 2020/21, there were 153 individuals who cited a prescription only medicine or an over-the-counter medicine in their latest treatment journey in Leicestershire. This accounts for 9% of those in treatment, lower than the national average of 14%, as shown in Table 5.[25] Within this, illicit use is defined through clients who cite the use of a POM/OTC alongside another drug(s), while no illicit use refers to those in treatment for only their POM/OTC.

Table 5: Number of adults in drug treatment citing prescription only medicine/over-the-counter medicine use, 2020-21[25]

	Local	National

	Number	Proportion of treatment population	Proportion of treatment population
Illicit use	95	6%	10%
No illicit use	58	4%	4%
Total	**153**	**9%**	**14%**

Source: NDTMS, Drugs commissioning support pack, key data 2022-23

5 HEALTH AND SOCIAL IMPACTS

Substance misuse and dependency can lead to a range of harms for the individual including:

- poor physical health, including chronic and infectious conditions, such blood borne viruses
- poor mental health
- increased risk of mortality
- unemployment
- homelessness
- family breakdown
- criminal activity

Substance misuse also impacts on all those around users, their families and communities, and the wider society. The Home Office estimated in 2010 to 2011 that the cost of illicit drug use in the UK was £10.7 billion per year.

This section summarises individual as well as societal impacts of substance misuse.

5.1 Health Impacts

5.1.1 Drug Misuse

Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable, and much is influenced by the prevalence of hepatitis B (HBV) and hepatitis C (HCV) infections, which are both amenable to public health interventions. Persons who inject drugs are at higher risk of contracting HBV and HCV.

Most clients entering treatment have never injected, although there is variation amongst substance groups with the proportion of opiate clients injecting being significantly higher than other substance groups. Most non-opiate clients who inject are likely to be individuals using methamphetamine and mephedrone. Sharing of injecting equipment is the single biggest factor in blood-borne virus transmission among individuals who use and inject drugs. It also elevates mortality risk and those who inject have a more complex profile and are therefore harder to treat.[38]

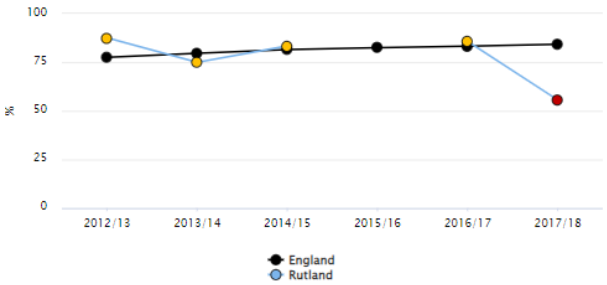
The 'Shooting up: Infections among people who inject drugs in the UK' report by UK Health Security Agency (the 2017 report [54] and the 2021 update[55]) noted that two in every five people who inject drugs are living with HCV, which remains the most common blood borne infection in this group. Although there is some indication that prevalent HBV infection rates are reducing[x], mainly as a result of direct acting anti-viral (DAA) treatment, the rates of new

[x] In 2020 44% of those who injected drugs had evidence of a cleared infection, compared to just 23% in 2015. In contrast, 20% had chronic infection in 2020, compared to 31% in 2015.

infections remain unchanged. Approximately half of those cases remain undiagnosed, which underpins the importance of testing.

Of those in drug misuse treatment who were eligible[xi] for receiving a *hepatitis C test*, the published OHID data shows below 56% received the hepatitis C test in Rutland in 2017/18. This is significantly below the England average of 84% and statistical neighbours' average of 83%. However, as shown in Figure 13, the rates were higher in the previous five years, similar to the national average. The published data do not cover the most recent years and the COVID-19 pandemic would have further reduced access to HCV testing, testing capacity possibly reduced nationally by as much as 60% between 2019 and 2020 [36].

Figure 13: Persons in drug misuse treatment who inject drugs: Percentage of eligible persons who have received a hepatitis C test, Rutland (OHID Fingertips 2023)



Recent trend: ➡ No significant change

Period		Rutland Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2012/13	🟡	7	87.5%	52.9%	97.8%	77.8%*	77.5%
2013/14	🟡	6	75.0%	40.9%	92.9%	80.1%*	79.6%
2014/15	🟡	5	83.3%	43.6%	97.0%	82.1%*	81.5%
2015/16		-	*	-	-	83.5%*	82.5%
2016/17	🟡	6	85.7%	48.7%	97.4%	83.2%*	83.3%
2017/18	🔴	5	55.6%	26.7%	81.1%	83.3%*	84.2%

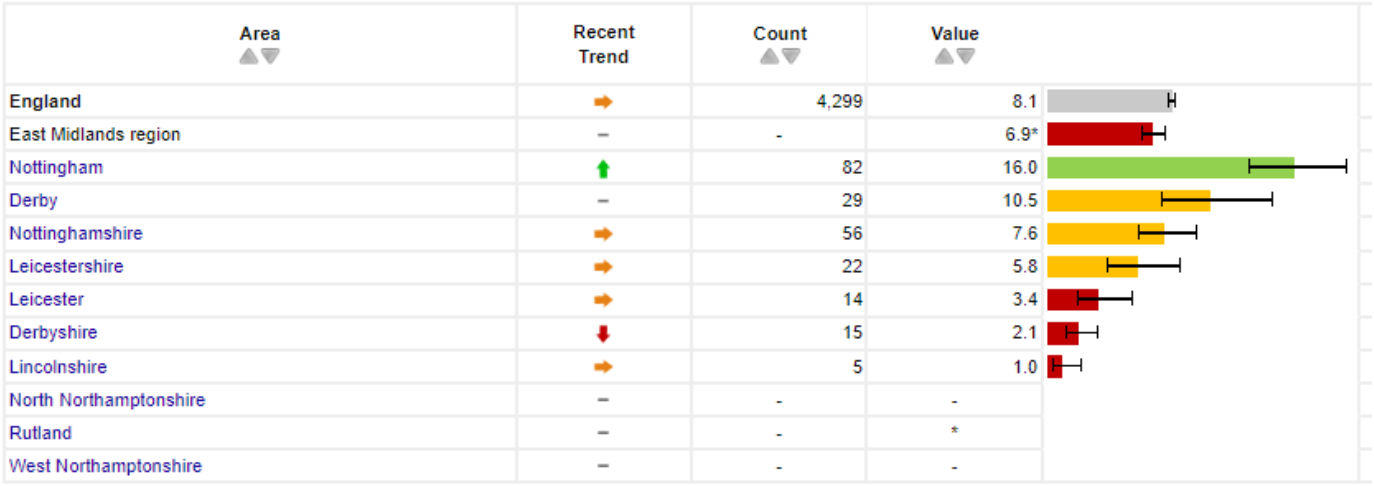
Source: Public Health England, (based on National Drug Treatment Monitoring System data)

The local data from NDTMS reporting shows that in 2020-21, 222 clients who were a current or previous injector at triage, received an HCV test (for Hepatitis C). This equates to 39% of those eligible receiving the test, compared to 41% nationally. All previous or current injectors are eligible unless the clinician has assessed that it was not appropriate to offer them a test.

Hepatitis B is relatively less common, with 12% of people who inject drugs showing evidence of infection in 2020, according to the national anonymous testing. HBV vaccination is recommended for all people who currently inject drugs, those who are likely to 'progress' to injecting, e.g., those smoking heroin or crack cocaine, as well as all sentenced prisoners and new inmates entering prison in the UK. Numbers were too small to publish local Rutland rate but the national average in 2016/17 was 8.1% and the trends both nationally and regionally were relatively stable since 2012/13.[56] Across the East Midlands region the rates were variable between 1% and 82% (Figure 14).

[xi] those who currently or have previously injected drugs

Figure 14: Persons entering drug misuse treatment – percentage of eligible persons completing a course of hepatitis B vaccinations in 2016/17 across the East Midlands (OHID Fingertips 2023)



Area	Recent Trend	Count	Value
England	→	4,299	8.1
East Midlands region	–	-	6.9*
Nottingham	↑	82	16.0
Derby	–	29	10.5
Nottinghamshire	→	56	7.6
Leicestershire	→	22	5.8
Leicester	→	14	3.4
Derbyshire	↓	15	2.1
Lincolnshire	→	5	1.0
North Northamptonshire	–	-	-
Rutland	–	-	*
West Northamptonshire	–	-	-

5.1.2 Alcohol Misuse

5.1.2.1 Injuries

Excessive alcohol consumption can result in immediate harm, such as head or facial injuries, fractures, alcohol poisoning even in fatal injuries. Nationally, alcohol-related unintentional injuries are seven times more prevalent in men.

Rates of alcohol-related unintentional injuries are significantly lower in Rutland when compared to the national average (Table 6) both for men and women. They are also low when in comparison with Leicestershire CIPFA 'statistical neighbours.

Table 6. Admission rates for alcohol-related unintentional injuries in 2021/22 (narrow definition) (Source: OHID 2023)

	Rutland		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	14	32.2 (17.3-54.5)	32.2-56.3	50.8
Males	12	54.7 (28.0-96.0)	34.7-100.2	91.1
Females	*	*	10.6-15.0	12.9

DSR = directly standardised rate per 100,000 population

5.1.2.2 *Alcoholic liver disease*

The prevalence of alcoholic liver disease is related to level of alcohol consumption in a population in the previous 10-30 years and, for practical purposes, is measured as a standardised population rate of hospital admissions with that diagnosis.

Nationally, men have double the rate of women (62 per 100,000 compared to 30). The numbers of admissions in Rutland were too small for calculation for 2020/21, however in the previous year (2010/20) there were circa 10 such admissions resulting in a rate of 30/100,000. Figure 15 summarises the rates across East Midlands region and nationally.

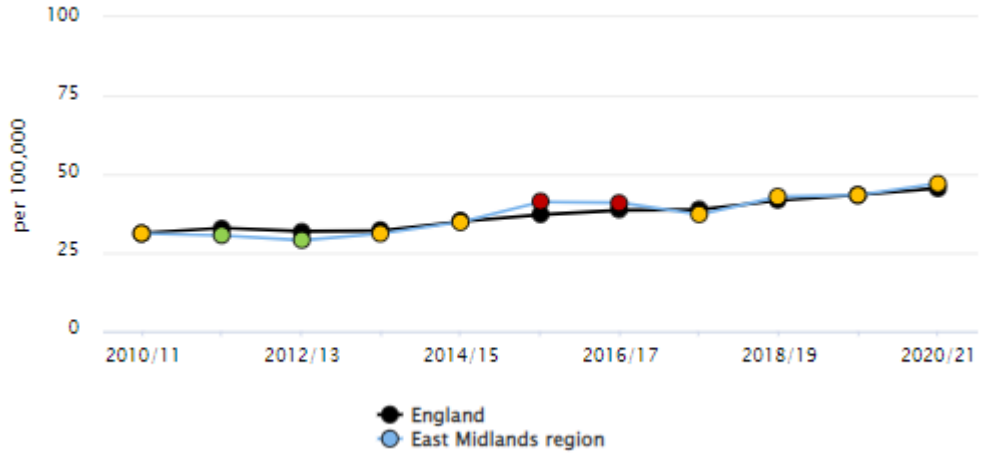
Figure 15. Hospital admission rates for alcoholic liver disease in 2020/21 (Source: OHID 2023)

Area	Recent Trend	Count	Value
England	↑	24,544	45.5*
East Midlands region	↑	2,215	47.0
Nottingham	→	265	109.3
Nottinghamshire	↑	550	64.7
Derby	→	135	59.6
Derbyshire	→	455	54.8
Lincolnshire	→	270	36.9
Leicester	→	100	36.3
West Northamptonshire	→	140	36.1
North Northamptonshire	↑	105	29.8
Leicestershire	→	185	25.9
Rutland	–	-	*

DSR = directly standardised rate per 100,000 population

Historically, admission rates for alcoholic liver disease have been rising nationally – from around 32/100,000 to over 45 in 2021 (a 50% rise in the standardised admission rate), with East Midlands rate following the national trend (Figure 16).

Figure 16. Trends in admissions for alcoholic liver disease (Source: OHID 2023)



A broad definition of admissions for alcoholic liver disease applied to 2021/22 data shows significantly lower rates in Rutland when compared to the national average or to Rutland comparators, except for women, where rates were similar to the national average (Table 7).

Table 7. Episode admission rate for alcoholic liver disease in 2021/2022 (Source: OHID 2023)

	Rutland		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	38	86.7 (60.9-119.5)	86.7-173.1	154
Males	15	66.5 (37.0-109.9)	66.5-230.1	213
Females	23	110.8 (68.7-168.2)	33.1-122.5	99.6

DSR = directly standardised rate per 100,000 population

5.1.2.3 Cardiovascular conditions

There is a very clear link between excessive alcohol consumption and high blood pressure (hypertension), which can lead to cardiovascular disease (CVD), including heart attack and stroke.

In England in 2021/22, the rates of alcohol-related CVD were much higher among men, nearly 1,400 per 100,000, compared to women (almost 225/100,000), ratio 6.2. In Rutland, rates were significantly lower than nationally as well as being the lowest across its CIPFA comparators (Table 8).

Table 8. Rates of hospital admission episodes for alcohol-related cardiovascular disease (broad definition) in 2021/22 (Source: OHID 2023)

	Rutland		CIPFA range	England
	Number	DSR (95% CI)	DSR	DSR
Persons	281	547 (484-616)	572-826	759

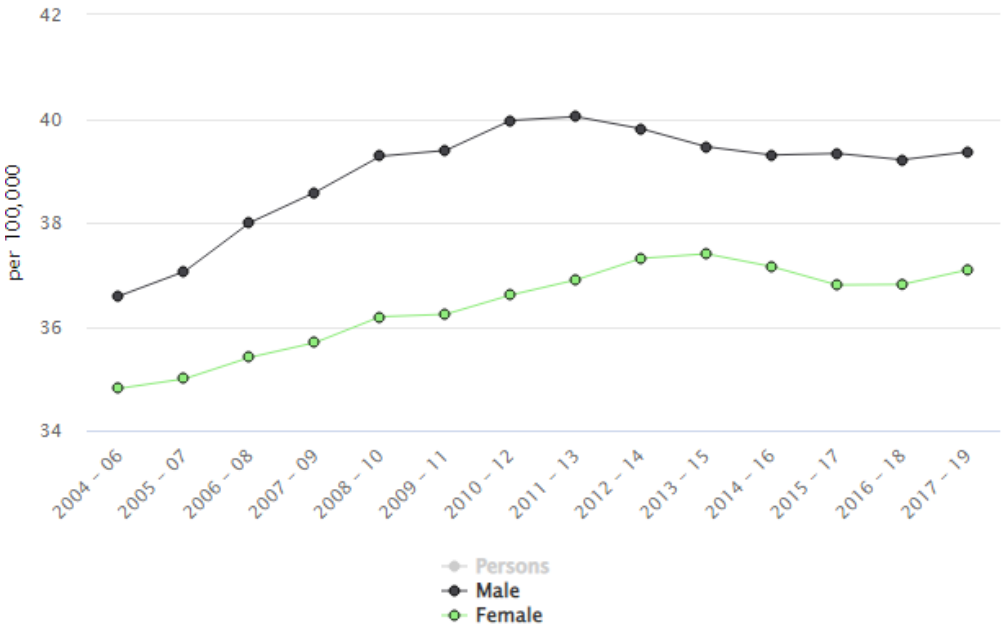
Male	244	1,005 (882-1,140)	1,005-1,546	1,388
Female	139	139 (97-193)	139-239	223

DSR = directly standardised rate per 100,000 population

5.1.2.4 Cancer

Several cancers in both men and women are linked to alcohol consumption with harm occurring over many years. Nationally cancer rates are higher among men, with rate relatively stable since 2011-13 for men and 2013-15 for women.

Figure 17. Trends in alcohol-related cancer incidence in England for men and women (Source: OHID 2023)



In the 3-year period 2017-19 there were 50 diagnosed cases of cancer related to alcohol in in Rutland, 25 among men and 25 for women. The overall rate was 37.7/100,000 (95% CI:28.0-49.7), it was similar to the national rate of 38/100,000 in the same period. These rates include cancer of the mouth, oesophagus, colorectal, liver, larynx and breast cancer. The local rates remained statistically similar to the national incidence since 2004-06.

5.2 Mortality and Years of Life Lost

5.2.1 Drugs

5.2.1.1 Deaths in treatment

Deaths can occur while people are in contact with treatment services. This is measured by a standardised mortality ratio which considers the number of deaths recorded against the

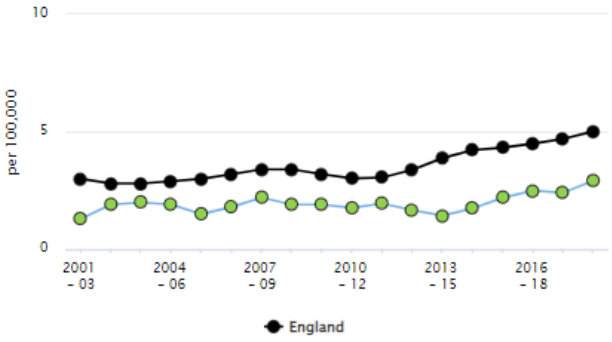
number of expected deaths. The ratio is used to gauge the safety and effectiveness of drug treatment services. The standardised mortality ratio for those in drug treatment (for 2018/19 – 2020/21) was not calculated for Rutland due to small numbers, but in neighbouring Leicestershire in was 0.64, which significantly lower than England's average, and in Leicester it was 0.79, not significantly below the national average. The annual numbers for Rutland were consistently low over the years. The majority of drug misuse deaths occur among people who are not in treatment. Evidence shows that being in treatment is protective against the risk of mortality.

5.2.1.2 Deaths from drug misuse

Drug misuse is a significant cause of premature mortality in the UK. The analysis of the Global Burden of Disease Survey 2013 showed that drug use disorders are the third ranked cause of death in the 15–49 age group in England. Nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse. Mortality from drug misuse increased steadily since 2010-12 (Figure 18).

The 3-year rolling mortality figures for Rutland are too low for rates to be calculated (N=1 in period 2018-20 and averaging only 1 or 2 over the years), but trends for the neighbouring Leicestershire are presented in Figure 18 for reference. Leicestershire rates were significantly below the national average but the increase since 2013-15 was also observed. Please note these figures are based on deaths of all individuals, regardless of whether or not they were in treatment. Nationally, PHE estimated that there will be an increase in the proportion of people in treatment for opiate dependence who die from long term health conditions and overdose. These figures are based on registered deaths i.e. those certified by a coroner following an inquest, as such there can be time delays in recording. Drug related deaths include both accidental and intentional poisoning by drugs or medicaments.

Figure 18: Trend of mortality rate from drug misuse in England and Leicestershire[3] (OHID Fingertips 2023)



Recent trend: Could not be calculated

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2001 - 03		24	1.3	0.8	2.0	2.6	3.0
2002 - 04		35	1.9	1.3	2.7	2.6	2.8
2003 - 05		37	2.0	1.4	2.7	2.3	2.8
2004 - 06		37	1.9	1.4	2.7	2.3	2.9
2005 - 07		28	1.5	1.0	2.1	2.4	3.0
2006 - 08		34	1.8	1.2	2.5	2.6	3.2
2007 - 09		40	2.2	1.5	2.9	2.8	3.4
2008 - 10		36	1.9	1.3	2.7	2.8	3.4
2009 - 11		35	1.9	1.3	2.6	2.6	3.2
2010 - 12		33	1.8	1.2	2.5	2.4	3.0
2011 - 13		36	2.0	1.4	2.7	2.6	3.1
2012 - 14		31	1.7	1.1	2.4	2.8	3.4
2013 - 15		27	1.4	0.9	2.1	3.0	3.9
2014 - 16		33	1.7	1.2	2.5	3.0	4.2
2015 - 17		42	2.2	1.6	3.0	3.3	4.3
2016 - 18		48	2.5	1.8	3.3	3.6	4.5
2017 - 19		48	2.4	1.8	3.2	3.8	4.7
2018 - 20		60	2.9	2.2	3.8	4.0	5.0

Source: Office for National Statistics (ONS)

5.2.2 Alcohol

Rates of mortality reflect the levels of heavy drinking in the population and severity of health complications among the heavy and dependent drinkers.

As indicated in the section on the impact of COVID-19 pandemic, nationally there was an unprecedented increase in deaths due to alcohol-specific conditions, mainly alcoholic liver disease, in 2020, when compared to 2019. This increase continued in 2021.

As described earlier in the section on hospitalisation, alcohol mortality can also be classified by cause being 'alcohol-specific' (including alcohol poisoning, alcoholic liver disease or alcoholic pancreatitis) or 'alcohol-related' (including chronic cardiovascular conditions or cancers, and acute such as self-harm or consequences of traffic accidents).

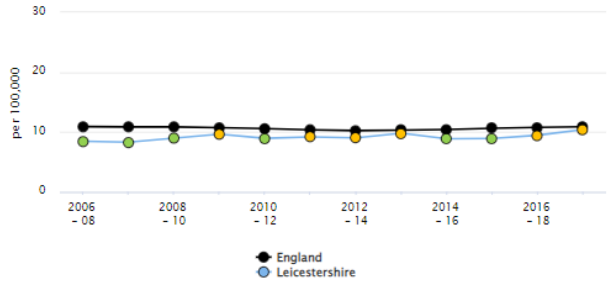
Nationally, about a quarter of all alcohol-related deaths are alcohol-specific, in the majority due to alcoholic liver disease. Of the remaining 75%, two-thirds are estimated to be through chronic conditions and a third from acute results, such as traffic accidents or self-harm. Liver disease mortality is strongly related to deprivation with rates twice as high in the most deprived areas.

In Rutland, in 2021, the total of 19 deaths were estimated to be related to alcohol, mostly among men (N=12). The overall translates into a rate 39.2 per 100,000 (95% CI:22.7-60.3), which statistically similar to the national average of 38.5/100,000.

Other indicators of mortality relating to alcohol misuse include premature (<75) mortality from liver disease and alcohol-specific mortality; for Rutland, the numbers for both in 2021 were too small to calculate the comparative rates. However, the rates in the neighbouring

Leicestershire were consistently lower or similar to the national average over the years (Figure 19).

Figure 19. Trend in alcohol-specific mortality rates, age and sex standardised, 3-year rolling average (Source: OHID 2023)



Recent trend: Could not be calculated

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2006 - 08		159	8.5	7.2	9.9	10.2	10.9
2007 - 09		159	8.3	7.1	9.7	10.5	10.9
2008 - 10		174	9.0	7.7	10.4	10.8	10.9
2009 - 11		187	9.6	8.3	11.1	10.6	10.7
2010 - 12		175	9.0	7.7	10.4	10.3	10.6
2011 - 13		178	9.2	7.9	10.6	10.3	10.4
2012 - 14		176	9.0	7.7	10.5	10.3	10.3
2013 - 15		195	9.8	8.5	11.3	10.7	10.3
2014 - 16		181	8.9	7.6	10.3	10.3	10.4
2015 - 17		186	8.9	7.7	10.3	10.6	10.6
2016 - 18		198	9.5	8.2	10.9	11.0	10.8
2017 - 19		218	10.4	9.1	11.9	11.4	10.9

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

5.2.2.1 Potential Years of Life Lost (PYLL)

Potential years of life lost reflect the contribution of alcohol misuse to premature mortality in the population.

In 2020 in Rutland, there were 1,004 estimated PYLL per 100,000 (Table 9) for women but the rate for men was not estimated (numbers of premature deaths being too low). Although this rate appears higher than the national average of 500 per 100,000, this is not statistically significant, and lower than for other areas similar to Rutland.

Table 9. Potential years of life lost in Rutland, compared to CIPFA comparators and England (Source: OHID)

	Time scale	**Rutland**		**CIPFA range**	**England**
		Number	DSR (95% CI)	DSR	DSR
PYLL (male)	2020	-	-	746-1,203	1,116
PYLL (female)	2020	212	1,004 (315-2,079)	290-1,004	500

5.3 Children and Families

5.3.1 Drugs

Parental drug dependence can have a significant impact on families, particularly children, and can limit the parent's ability to care for their child and/or children. Parents are role models for their

children, and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. It can also mean that children take on inappropriate caring roles for their parents. For some families, substance misuse is one of a number of other complex problems which can have a compound effect. Growing up with substance misuse can also create an intergenerational cycle of violence, with these children being more likely to expose their own children to adversity and trauma. Children who experience four or more adversities, are twice as likely to binge drink, and eleven times more likely to go on to use crack cocaine or heroin. Misuse of substances can often escalate, with young people coming into contact with the police or youth justice system.

In 2021/22, in Rutland 28% of new adult clients were parents who lived with their children (aged 0-15 years) although the actual local numbers are too low to make any robust comparisons with the national rate of 15%. All of young people (under 18) in drug treatment were not parents (80%) or not living with children (20%) although these numbers are all below 5, so not subject to statistical comparison.

5.3.2 Alcohol

Alcohol misuse can have a significant effect on family life, often reflected through parental conflicts, domestic violence, financial difficulties and family breakdown. Children can be particularly affected, resulting in physical and psychological problems, often with significant long-term health and social consequences. Alcohol plays a part in 25 to 33% of known cases of child abuse. Alcohol was a component in 18% of the assessments of children in need by children's social care in England during 2016 to 2017.

In 2021/22, the majority of adults presenting to alcohol treatment service were not parents and had no contact with children (74%, N=25), only 18% were parents living with children. The comparative national proportions are 62% and 21%. There were no new entrants to treatment who were pregnant that year.

5.3.3 Youth Justice Services

Leicestershire Youth Justice Service Health and Wellbeing Needs Assessment (2023) looked at the health needs of children and young people resident in Leicestershire that are, or have been, in contact with the Leicestershire Youth Justice Services (YJS) which aim to prevent offending and reoffending by children through addressing the needs of children. Over a half of all children registered in 2022 in Leicestershire (N=120) had an AssetPlus assessment (through an audit of their records), supplemented by a health and wellbeing survey in a sample (N=30) of that cohort.

Evidence of substance misuse was recorded in over 68% of children, with cannabis used most frequently (60% of cases), followed by alcohol (31%), tobacco (18%) and cocaine (10%). A small number of young people reported the use of other substances, such as amphetamines, crack, legal highs, and opiates. However, there are indications that the prevalence of tobacco use could be much higher. Specific concerns about substance misuse, such as regular use, were recorded in almost two thirds of cases (64%).

Although almost half of young people reported never consuming alcohol, of those who did nearly two-thirds did so at problematic levels, representing approximately 20% of all young people in the sample.

Furthermore, two-thirds of young people reported vaping at least 3 times a week, with the majority doing so every day, and only 20% of young people having never vaped.

Whilst the study was predominate undertaken with Leicestershire young people, Rutland numbers were very low, it was felt that the outcomes would be broadly comparable for Rutland.

Young people with neurodiversity or mental health issues may turn to cannabis to self-medicate.

5.4 Employment

5.4.1 Drugs

Substance misuse and dependency can make it difficult for people to find and sustain employment. The NDTMS data shows that nationally in 2021-22, only 24% of adults newly presenting to service were in regular employment, with the same proportion in Rutland (N<10). A further 48% were unemployed (64% in Rutland), and a fifth was long-term sick or disabled. These figures are based off self-reported employment status.

In Rutland, the total number of young people in treatment is too small to draw conclusions (N < 5) but nationally, most are in mainstream or alternative education (74%), with 16% classified as those not in education, employment or training (NEET).

5.4.2 Alcohol

Rates of unemployment are high among people with alcohol problems, with 40% of adults entering alcohol treatment in England being unemployed or economically inactive in 2021/22. Although this rate was lower in Rutland (24%), this is based on relatively small numbers (N<10). Nationally only 37% of adults entering treatment for alcohol dependence were in regular employment, this proportion was a little higher in Rutland (53%, N=18).

Improving employment opportunities is one of the desirable outcomes of alcohol treatment. This data is collected as part of the exit status questionnaire TOP (Treatment Outcome Profile). Nationally in 2021/22, those with a planned exit from treatment experienced a 3% improvement in chances of a full employment at the end of treatment (from 27% on entry to 30% on exit), with no effect on part-time or irregular employment. In Rutland there was no positive pattern in improved employment on exit from treatment, although numbers are small.

In April 2024 a new Individual Placement Support project will commence, initially for two years, that will work with the treatment provider to get those in treatment into employment. The funding comes via OHID to Leicestershire but will cover Rutland as well. The allocation is based on numbers in treatment but also takes account of rurality. The IPS grant is to fund the workforce who will be co-located with the treatment provider with access to their systems, NDTMS and DWP.

5.5 Homelessness

Homelessness can be a cause and/or a result of substance misuse and can have a significant impact on the effectiveness of treatment. Homelessness is linked to lack of family support, lack of employment, poor economic outlook and mental health issues.

In 2021/22, Rutland had 106 households owed a duty under the Homelessness Reduction Act, up from 85 in 2020/21. This is equivalent to a rate of 6.1 per 1,000, significantly lower than the regional (10.5 per 1,000) or national (11.7 per 1,000) rate. The rate of households (N=3) in temporary accommodation that year was also lower than the East Midlands or England average (0.2/1,000 vs 1.1 and 4.0/1,000, respectively)[57].

The percentage of households that owned their home increased in Rutland but fell across the East Midlands.

In Rutland, the percentage of households that owned their home rose from 70.4% in 2011 to 70.9% in 2021. During the same period, the regional percentage fell from 67.2% to 65.5%.

Private renting in Rutland increased from 15.6% to 16.7%, while the rate of social renting decreased from 11.2% to 10.9%.

(Source: Office for National Statistics – 2011 Census and Census 2021)

The full effects of the Covid 19 pandemic and cost of living crisis have not yet been fully felt in relation to the security of people's tenure/ownership

5.5.1 Drugs

The majority (76%) of clients entering drug treatment in England in 2021/22 had no housing problem, with an even higher proportion in Rutland (88%, N=22). Nationally, 13% of clients reported housing problems, with the same proportion in Rutland. The majority of young people presenting to treatment lived with their parents in 2021/22, 82% in England and 80% in Rutland.

5.5.2 Alcohol

Most clients at the start of treatment in 2021/22 in England had no housing problem (87%), this proportion was similar in Rutland (85%). Nationally, 7% of clients reported housing problems, in Rutland this was 12%, but based on low numbers (N<5).

5.6 Crime

5.6.1 Drugs

Drug crime is divided between 'trafficking in controlled drugs' and 'possession of drugs' offences. Possession of controlled drugs offences were split with effect from April 2004 into possession of cannabis and possession of drugs other than cannabis. 'Other drug offences' also fall under the possession category, consisting of offences related to permitting the use of premises for the supply or production of a drug, or the possession of a psychoactive substance with intent to supply (covered by the Psychoactive Substances Act 2016.

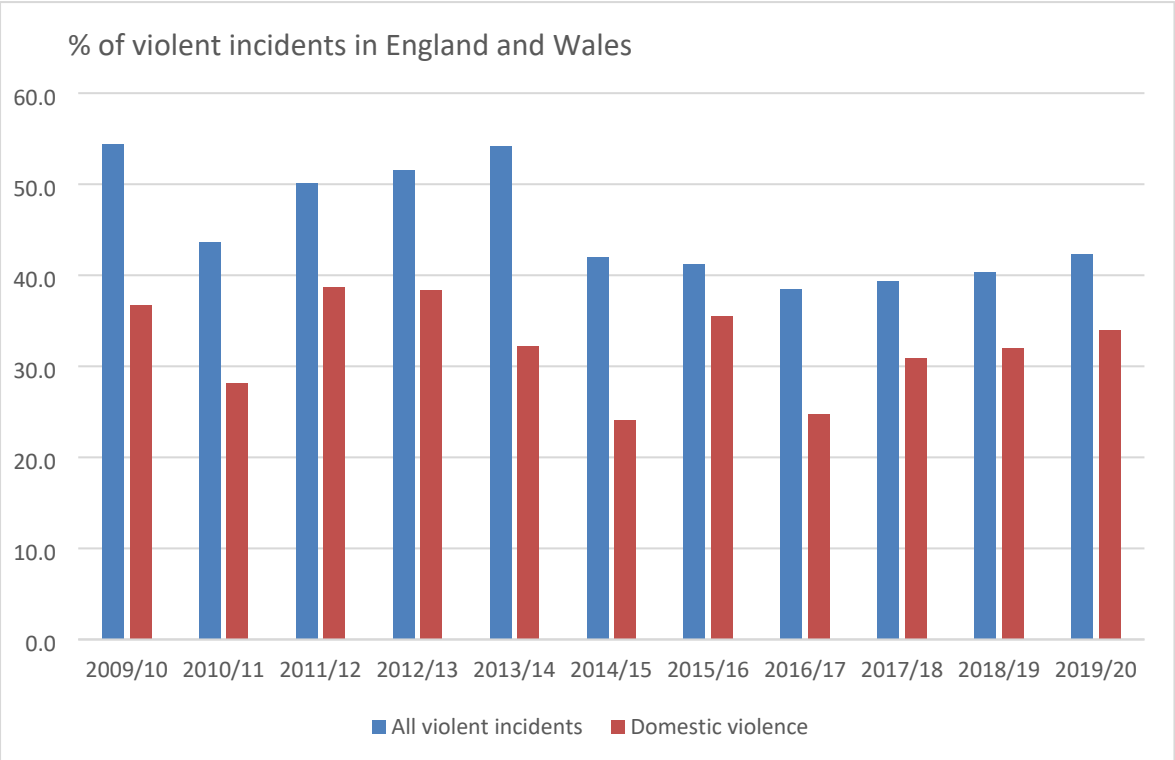
Victims of partner abuse in year ending March 2015 reported that they believed the offender was under the influence of illicit drugs (10%). Around 3 times as many adults aged between 16 and 59 who had taken illicit drugs in the last year reported being a victim of partner abuse compared with those who hadn't taken drugs in the last year (11% compared with 4%).[58] However caution should be taken when making inferences about the relationship between illicit drug-taking and partner abuse victimisation. The victims' illicit drug use may affect or be affected by their experience of partner abuse. In 2021/22 in Leicester, Leicestershire and Rutland (police area), the rate of domestic abuse-related incidents and crimes was 24.1 per 1000 population, compared to 25.8 in the East Midlands region, and 30.8 in England overall.[3] [59]

5.6.2 Alcohol

Alcohol is a significant contributory factor in offences of violence and disorder. The Crime Survey for England and Wales (CSEW 2020) estimated that over 42% of all violent incidents were committed under the influence of alcohol, although this was below the rates recorded a decade ago. As much as 34% of domestic violence incidents were carried out by offenders perceived to be under the influence of alcohol (

Figure 20).

Figure 20. Violent incidents where the victim believed the offender(s) to be under the influence of alcohol (Source: ONS, Crime Survey for England and Wales)



Based on 2016-17 data it estimated that a gross benefits (both social and economic) from drugs and alcohol treatment amounts to £45,000 for Rutland. This is based on the findings of a substantial reduction in the re-offending rates (both numbers of re-offenders and number re-offences).

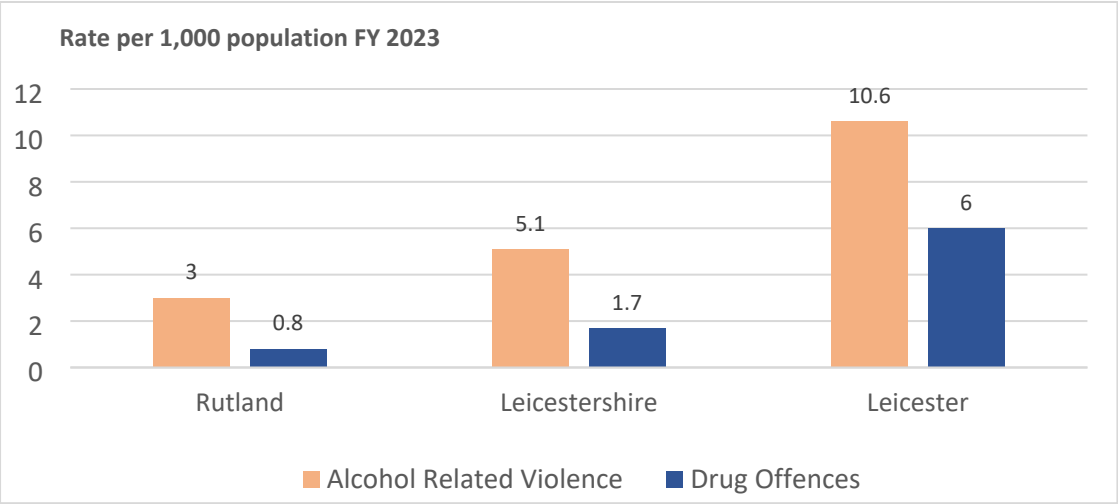
5.6.3 Reported Drug and Alcohol-Related Crime

Territorial police forces of England and Wales report crime and outcomes data on a monthly basis as a cumulative year-to-date aggregate (Crimsec4 form). Some caveats must be noted, firstly that the data record the outcome not when the original offence occurred, and secondly the figures reflect police activity rather than the actual crime rate. In addition, previously published figures can be subject to revisions and, particularly for drug offences, time trends have to be treated with caution.

The total number of incidents ("total crime") reported in Rutland between October 2022 and September 2023 was 1,807 (a fall from 1,956 in the previous year). This total included 123 incidents of alcohol-related violence and 33 drug offences, equivalent to rates of 3.0 per 1,000 and 0.8 per 1,000, respectively, comparatively lower than those in Leicestershire (5.1 and 1.7/1,000). While the rate of drug offences deceased in the last two years, there was an increase in alcohol-related violence (Figure 21), although time trends have to be treated with some caution. On average (between October 2020 and September 2023) in Rutland 1,725 crime incidents were reported per year ("total crime"), including 111 alcohol related violence incidents and 50 drug offences.

Based on the latest year, there was local variation in reporting, with highest rates alcohol-related violence in central parts of Oakham (LSOA 003B – 13.2/1,000) and Uppingham (LSOA 005E - 7.4/1,000; LSOA 005F – 6.3/1,000). Drug offences were also most prevalent in Oakham (LSOA 003B – 13.2/1,000; LSOA 002C – 1.8/1,000) and Uppingham (LSOA 005D – 1.5/1,000) (Figure 22).

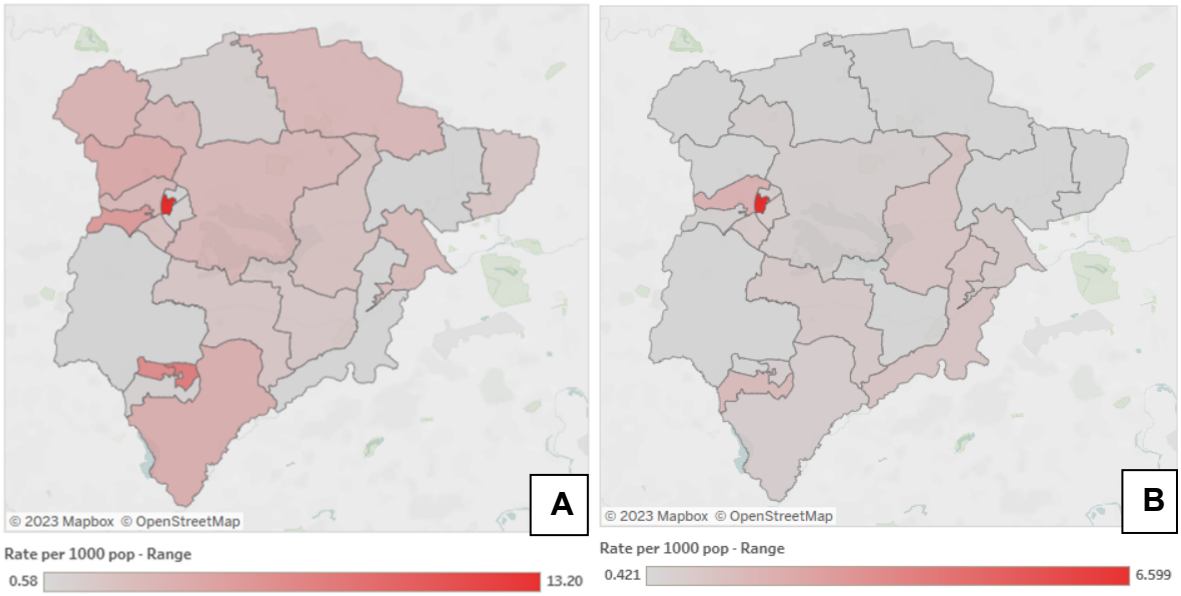
Figure 21. Rates of alcohol-related violence and drug offences reported locally between October 2022 and September 2023 (Source: Crime and Incident Locality Dashboard. Leicestershire County Council 2023)



	Total Crime	Alcohol Related Violence		Drug Offences	
	Rate*	Rate*	Trend**	Rate*	Trend**
Rutland	44.6	3.0		0.8	
Leicestershire	72.8	5.1		1.7	
Leicester	138.7	10.6		6.0	

* Rate per 1,000 population in FY 2023 (October 2020 to September 2023)
** trend for years between FY 2020 and FY 2023

Figure 22. Local variation in alcohol-related violence (A) and drug offences (B) across Rutland (October 2022-September 2023). (Source: Crime and Incident Locality Dashboard. Leicestershire County Council 2023)



6 IMPACT OF COVID-19 PANDEMIC

Drug and alcohol treatment services were affected, as other health services, by the restrictions during the COVID-19 pandemic and figures presented in this report have to interpreted in light of circumstances of 2020, 2021 and 2022. Although almost all restrictions were lifted in 2021, figures for 2021/22 financial year may still reflect reduction in access to care, persisting staffing issues or long waiting lists, among others.

This section outlines the changes in alcohol related harms due to COVID-19 pandemic. It uses national-level data published by OHID as Wider Impact of COVID-19 on Health (WICH) reporting tool[60] and the published report[61].

6.1 Hospitalization and mortality

Below are the main findings of the report:

1. There was a reduction in in the rate of unplanned hospital admissions for alcohol-related conditions in 2020 by 3% when compared to 2019, mainly accounted for by admissions for mental and behavioural disorders. This was in line with the general reduction of unplanned admissions with the onset of the pandemic and start of the first lockdown.
2. On a background of the overall reduction in rates, there was a significant increase in unplanned admissions for alcoholic liver disease from June 2020
3. There was also a significant increase in alcohol-specific mortality – by nearly 21% in 2020, compared to 2019, in contrast to a 3% rise between 2018 and 2019.

No alcohol-related hospitalisation or mortality trend data at a local level are currently available.

6.2 Deaths in treatment

At a national level there was a 44% increase in deaths of people recorded as being in alcohol treatment (alcohol alone) which needs to be seen in the context of wider community trend of alcohol-specific mortality. There was a large variation across the country and deaths were not predominantly attributable to COVID-19 infection.

Reduced access to services, both community and in-patient, is likely to have contributed to increase in deaths in treatment.

7 INTERVENTIONS

High-level interventions for substance misuse can be classified as pharmacological, psychosocial or recovery support; they are delivered most commonly in a community setting, inpatient units, primary or residential care.

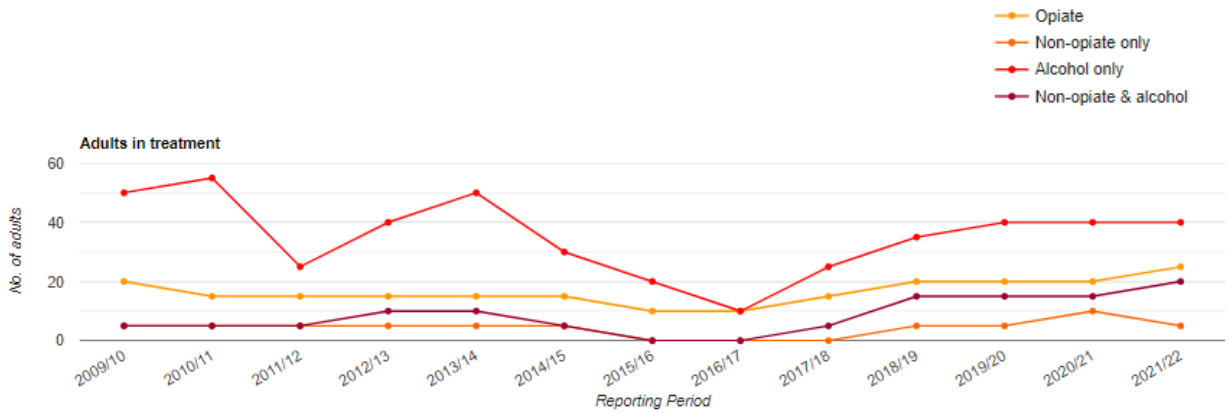
In Rutland, the majority of interventions for **drug misuse** are delivered in a community setting (98% in 2021/22), with some (8%) in hospital setting or residential care (4%). Nationally, 98% of all interventions is delivered in the community, 9% in primary care, and 3% in inpatient setting.

In 2021/22 in England, the majority of patient in pharmacological interventions **for alcohol** dependence were in community settings (79%), followed inpatient units (21%) and residential settings (5%)[xii]. Psychosocial interventions and recovery support are both mostly delivered in a community setting (98%), with a small proportion in inpatient units (3 and 4% respectively). Virtually all psychosocial and recovery support interventions in Rutland in 2021/22 were delivered in a community setting.

7.1 Treatment pathway measures

In 2021/22 there were 49 adults in drug treatment in Rutland for drug dependence (approximately 50% for opiate, 40% for non-opiate and alcohol, and 10% for non-opiates). There were also 38 clients for alcohol only (comprising of 66% males and 34% females). These totals include 25 new presentations for drug treatment and 34 for alcohol only treatment. Figure 23 presents longer-term trends in treatment for adults in Rutland.

Figure 23. Trends in adults in treatment for substance misuse in Rutland 2009/10 - 2021/22 (Source: NDTMS)



The number of young people in substance misuse treatment was approximately 5 in 2021/22.

7.1.1 Sources of referral (routes into treatment)

There are many possible sources of referral an individual can provide, these have been grouped by self, family and friends; health services and social care; criminal justice system (CJS); substance misuse service and other. The CJS is mainly made up of prison referrals,

[xii] Proportions relate to the total number of individuals receiving all types of interventions and will not sum up to 100%

probation and arrest referrals, or court-based referral scheme.

The most common route of referral for **drug treatment** locally and nationally in 2021/22 was self-referral, accounting for 48% of all referrals in Rutland (57% nationally), followed by GP referral (8%, compared to 4% nationally). A substantial proportion of referrals locally were less well defined ('other referral sources') – 40%, compared to 17% nationally. Due to small numbers for Rutland, a more detailed analysis of subgroups, by drug type for example, is not possible.

The referral pathways for **alcohol treatment** in Rutland in 2021/22 shows 59% self-referrals, followed by 15% GP referrals and 12% from 'other sources. The national comparators were 61%, 8% and 14%, respectively.

Nationally, **young people in treatment** in 2021/22 were referred by educational services (25%), children and family services (22%) or youth justice, with only 12% self-referred (including family and friends). It is not possible to comment of Rutland figures due to small numbers.

7.1.2 Ethnicity

The Adult Psychiatric Morbidity Survey (2014) estimated that that harmful drinking levels are higher in white population (3.6% of white British adults and 1.7% in other white group) than in other ethnic groups, particularly Asian (0.5% of adults), less so for black (2.3%) and other/mixed groups (2.4%).

All new adult presentations for drug treatment (N=25) and alcohol only treatment (N=34) in Rutland declared to be white British in 2021/22, which is not unexpected, given Rutland's overall ethnic profile (95% white British in 2021). All young people presenting to substance misuse treatment in that year were also of white ethnicity in Rutland.

7.1.3 Waiting times

Drug users need prompt help if they are to reduce the harms of drug use and the impacts on the individual and community and recover from dependence. Waiting times refer to the number of first interventions that took less than 3 weeks from referral to first offered appointment. Nationally, 98% of initial waits to start treatment for substance misuse (both drug and alcohol) were under three weeks in 2021/22, while in Rutland all newly presenting clients waited less than three weeks for first appointment.

7.1.4 Criminal justice pathway

The proportion of CJIT (Community Justice Intervention Team) adults in contact with substance misuse treatment system was 4% in Rutland in 2021/22, compared to the national average of 11%, and the proportion of local treatment population with prior convictions was 20% compared to the national average of 29%.

Leaving prison and engaging in community treatment

This is an indicator included in the Public Health Outcomes Framework (PHOF, indicator 20), which includes all substance misuse. When all substance groups[xiii] are included in calculation, the proportion of those transferred in Leicestershire in 2021/22 who engaged in services was 70% (74/106, with 95% CI of 60-78%). This was significantly higher than England average of 37%, or that in the East Midlands (39%).

For Rutland separately, these rates have not been calculated, due to small numbers.

7.1.5 Treatment engagement

Treatment engagement leads to reduction in use of illegal drugs, less crime, and overall health improvement for clients. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. For those leaving treatment in an unplanned way/dropping out, those benefits are reduced. In England, approximately one in five of new clients quits treatment in an unplanned way.

The overall rate of unplanned exits from drug treatment in Rutland in 2021/22 was 12%, compared to the national average of 18%, and was highest (22%) in the opiate group (17% nationally).

7.1.6 Length of time in treatment

Adult clients who have been in drug treatment[xiv] for long periods of time (six years or over for opiate clients and over two years for non-opiate clients) are most likely to be entrenched users who will find it harder to successfully complete treatment. Opiate clients who successfully complete within two years of first starting treatment have a higher likelihood of achieving sustained recovery. Time in treatment is calculated from the first triage of the latest treatment journey to the latest discharge of the same journey. The proportion of opiate clients whose latest treatment journey lasted less than two years in 20211/22 in Rutland was 52% compared to 42% nationally.

For alcohol treatment, the recommendation is of three-month treatment for mild dependence and a minimum of six months for moderate to severe dependence, even longer times for those with higher or complex needs. In Rutland in 2021/22 42% of clients were in treatment for less than three months, 26% 3 to 6 months and 32% for six months to a year. Comparative proportions for England are 34%, 31% and 23%.

[xiii] Includes opiates, non-opiate only, non-opiate and alcohol and alcohol only

[xiv] Source: NDTMS, Drugs commissioning support pack, key data 2022-23

Young people generally spend shorter times in treatment. Because of low numbers locally, comparisons are difficult, but national just over a third of young clients completes treatment un under 12 weeks (34%), further third in 13 to 26 weeks, with less than 10% treated for longer than a year.

7.1.7 Residential rehabilitation

Substance misuse treatment mostly takes place in the community, near to the individual's family and support networks. Residential rehabilitation may be cost effective for someone who is ready for active change and a higher intensity treatment. Nationally, 2% of the treatment population attended residential rehabilitation in 2021/22, numbers locally are very low with a comparable percentage to the national figure.

7.1.8 In-treatment outcomes

Data from NDTMS suggests that clients who stop using illicit opiates in the first sixth months of treatment are almost five times more likely to complete successfully than those who continue to use. Numbers locally are too low for reliable rate calculation, but nationally in 2021/22 rates of abstinence at six months were: 63% for cocaine use, 57% for amphetamine, 45% for opiates, 39% for crack and 29% for alcohol use (adjunctive).

7.1.9 Completion of treatment

The percentage of successful completions of drug treatment varies depending on drug of dependence. Although many individuals will require a number of separate treatment episodes spread over many years, most individuals who complete successfully do within two years of entry. The proportion of clients whose latest treatment journey ended during 2020-21 and whose reason for discharge was 'treatment completed', as a proportion of all clients in treatment during 2021/22 was 48% for non-opiates, higher than the national proportion of 34%.

A large proportion of opiate users in treatment have entrenched long-term drug use, are often in ill health and less likely to have access to the personal and social resources that can aid recovery, such as employment and stable housing. This often results in opiate users being less likely to complete treatment successfully or sustain their recovery, when compared to people who use other drugs, or only alcohol. There were no successful completions of opiate treatment; the national rate of successful opiate completion was 5% in 2021/22.

As in treatment outcome for alcohol a reduction of days of drinking in England was on average form 21 days at start to 11.5 at exit. For Rutland in 2021/22 this was reduction from 16.5 to

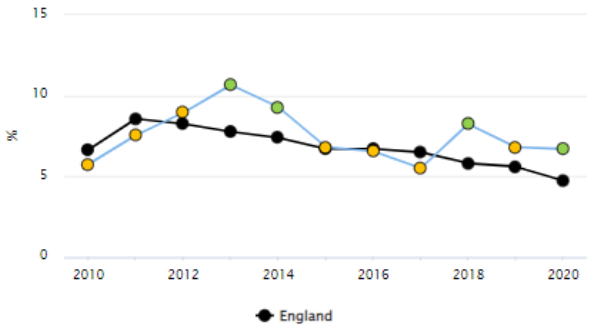
9, respectively. Abstinence rate at exit for England was 50% and in Rutland 75%.
Because of low numbers involved there are no robust rates for young people in treatment.

Another definition of successful treatment is those who leave treatment free of drug(s) dependence and do not re-present to treatment within six months. Since 2011, the proportion of *opiate users* who successfully complete treatment has been declining in England, from 8,6% to 4.7% in 2020. Figure 24 (A) shows these trends for England and Leicestershire as comparison. Individual rates for Rutland are not calculated, as numbers are too small, but in 2017, in Leicestershire and Rutland combined, 5.5% of opiate users successfully completed drug treatment, similar to the national average of 6.5%.

When considering the successful completion of drug treatment for of *non-opiate users*, the trend over the past eight years has remained stable, with Leicestershire and Rutland's proportions for the past five years being similar to the national average. In 2020, 45% of non-opiate users in treatment completed treatment successfully.[3]

Figure 24: Trend in successful completion of drug treatment of opiate (A) users and non-opiate (B) users, Leicestershire (OHID 2022)

A.

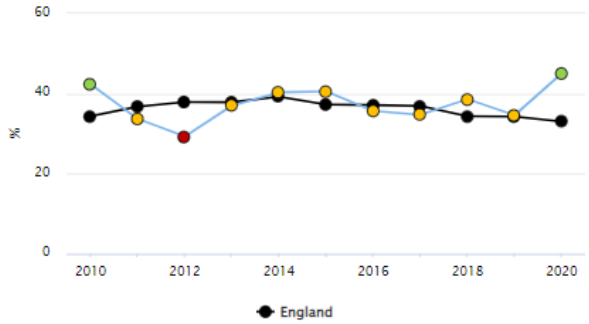


Recent trend: ➡ No significant change

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2010	●	76	5.8%*	4.6%	7.2%	5.9%	6.7%
2011	●	94	7.6%*	6.2%	9.2%	8.2%	8.6%
2012	●	111	9.0%*	7.5%	10.7%	8.4%	8.3%
2013	●	129	10.7%*	9.0%	12.5%	7.7%	7.8%
2014	●	111	9.3%*	7.8%	11.1%	7.0%	7.4%
2015	●	79	6.8%*	5.5%	8.4%	6.7%	6.7%
2016	●	77	6.6%*	5.3%	8.1%	6.1%	6.7%
2017	●	63	5.5%*	4.3%	7.0%	6.3%	6.5%
2018	●	94	8.2%*	6.8%	10.0%	5.9%	5.8%
2019	●	81	6.8%*	5.5%	8.4%	5.8%	5.6%
2020	●	78	6.7%*	5.4%	8.3%	4.6%	4.7%

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from th e National Drug Treatment Monitoring System

B.



Recent trend: ➡ No significant change

Period		Leicestershire Count	Value	95% Lower CI	95% Upper CI	East Midlands	England
2010	🟢	146	42.3%*	37.2%	47.6%	37.0%	34.4%
2011	🟡	95	33.7%*	28.4%	39.4%	40.0%	36.8%
2012	🔴	101	29.3%*	24.7%	34.3%	38.6%	37.9%
2013	🟡	161	37.0%*	32.6%	41.6%	34.5%	37.8%
2014	🟡	156	40.3%*	35.5%	45.3%	35.8%	39.2%
2015	🟡	107	40.5%*	34.8%	46.5%	35.8%	37.3%
2016	🟡	81	35.7%*	29.7%	42.1%	34.8%	37.1%
2017	🟡	102	34.7%*	29.5%	40.3%	33.6%	36.9%
2018	🟡	130	38.6%*	33.5%	43.9%	35.2%	34.4%
2019	🟡	146	34.6%*	30.2%	39.3%	32.2%	34.2%
2020	🟢	244	45.0%*	40.9%	49.2%	32.4%	33.0%

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from th e National Drug Treatment Monitoring System

More recent local data from Turning Point shows for Q1 and Q2 in 2022/23, the percentage of successful completions of opiate treatment for local populations was 6.4% in Q1 and 5.4% in Q2. The percentage of successful completions of non-opiate treatment was 39.8% and 41.4% over the same time periods.

7.1.10 Deaths in treatment

Nationally, there was a significant, 40% increase in deaths among alcohol treatment clients between 2019/20 and 2020/21, in line with increasing mortality during the COVID-19 pandemic, with a subsequent 10% reduction in 2021/22. Nationally 1.2% of those in alcohol treatment died in 2021/22, slightly higher for men (1.4%) then women (1.1%).

The corresponding rate for Leicestershire was 1.5%, representing a relatively small number of deaths (N=16), with the difference to the national rate not statistically significant.

7.2 Return on Investment

Investing in treatment services to reduce drug misuse and dependency will not only help to save lives but will also substantially reduce the economic and social costs of drug-related harm.

Research has shown that every £1 invested in drug treatment results in a £2.50 benefit to society. For many drug users, engaging in treatment can be the catalyst for getting the medical help they need to address their physical and mental health problems.

The public values drug treatment because it makes their communities safer and reduces crime; 82% said that the greatest benefit of treatment was improved community safety.

Decision-makers have been enabled to understand the potential return on investment from alcohol and drug interventions and the possible cost of under-investment. Tools like the Value

for Money Commissioning Support Tool (**https://www.ndtms.net/VFM**) can help commissioners demonstrate the benefits derived from local investment and help local areas understand and improve the cost-effectiveness of local treatment systems.

Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years.

The combined benefits of drug and alcohol treatment amount to £2.4billion every year, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care. Quality-adjusted life years (QALYs) are measures of life expectancy and quality of life used in health economic evaluations and resource allocations.

8 CURRENT SERVICES

In England, the Department of Health and Social Care (DHSC) leads on the development of national strategy and policy on tackling substance misuse.

Through their public health grant, local authorities commission drug and alcohol services from the NHS, voluntary and private care providers. These are primarily *community based* but include *residential rehabilitation* and *specialist detoxification* for a minority of clients with more complex needs. These services can be supported by *recovery organisations* and *mutual aid groups*.

The Care Quality Commission (CQC) is the in dependent body charged with regulating and inspecting alcohol services in England.

The National Health Service, through general funds, provides treatment for those with acute needs in secondary case (e.g. specialist liver services), prison alcohol treatment services and the NHS primary care is a referral route into alcohol treatment. *Alcohol Care Teams* operate within NHS hospitals, proving urgent, unscheduled care or dealing with newly diagnosed alcohol dependence in patients admitted for other reasons.

In 2021, following a consultation, a new model of delivery of substance misuse treatment services was commissioned across Leicestershire and Rutland. The Integrated Substance Misuse Treatment Service (ISMTS) includes young people, adults, specific cohorts that require additional support such as those going through the criminal justice service, sex workers, underrepresented communities, as well as detox and rehabilitation placements. There is support for families, carers and young people whose parents are substance users.

8.1 Prevention/low level intervention/health promotion

8.1.1 Alcohol Brief Intervention

Turning Point provider alcohol brief interventions for any resident that require it through the main ISMTS.

Turning Point has a subcontract with Age UK to deliver the 'Last Orders project'. This comprises of a dedicated worker who delivers awareness sessions and brief interventions to those aged over 50 across the county to raise awareness of the problems associated with alcohol and drug misuse. The worker also refers appropriate individuals into treatment.

8.1.2 My Turning Point – brief intervention tool

My Turning Point is a commissioned online digital platform that houses general substance information, advice and an online self-help program. This tool is for lower-level interventions or utilised for service users to assess their need and be able to make a decision to gain further help. The tool has a direct referral into the main ISMTS if the service user decides to move into the wider service.

8.1.3 QuitReady Leicestershire (smoking cessation)

The service is provided by the LCC Public Health department and offers free stop smoking support and advice to anyone wanting to give up smoking. Support is usually provided via telephone and online behavioural support and pharmacotherapy including nicotine replacement therapy and e-cigarettes. Whilst the service does not receive many calls/referrals from people with other substance related problems where this has been the case, for example with cannabis users, clients have been signposted or referred to the ISMTS.

8.1.4 Pain Management Service – Leicester General Hospital

The Pain Management Service, managed by University Hospitals Leicester NHS Trust, consists of a team of consultants, specialist nurses, psychologists, and physiotherapists providing assessment and treatment for acute and chronic pain sufferers.

In addition to the Pain Management Service there is a specialist clinic for iatrogenic opioid addiction (one of the only such specialist clinics in the country). The iatrogenic opioid addiction clinic is held fortnightly at the Leicester General Hospital. There are currently approximately 300 patients in the service and long waiting lists of 6-8 months. Patients are referred via general practice and have often been addicted to non-illicit opiates for a number of years. Due to the complexity of the individual patients the clinic has only 4 appointments

at each session. The team consists of medical consultants, specialist nurse, and a consultant psychiatrist.

8.1.5 Public Health Programme Delivery Team

The Leicestershire County Council Public Health Programme Delivery Team focus on health improvement and promoting better health and wellbeing, including substance misuse and alcohol. The Health Improvement Practitioners use a range of health promotional resources, communications and campaigns to deliver initiatives in a variety of settings including workplaces, communities, pharmacies, schools, nurseries and the media.

The team are involved in delivering specific initiatives to address alcohol misuse including.

- Workplace – To increase awareness of safer use of alcohol to all county council employees through use of effective and appropriate marketing and communication and to raise awareness of services that can support employees i.e. Turning Point, Dear Albert. The Health Improvement Practitioners also support national campaigns such as Alcohol Awareness week.
- Communities & Workplace – the Health Improvement Practitioners use a resource called the Mock Bar to promote responsible drinking at health events across Leicestershire. The Mock Bar is a large stand-alone display unit, asking the question 'What's in your drink? and prompting individuals to 'Rethink your drink'. Partner organisations are able to use the resource in their own awareness raising campaigns.
- Schools: Through the Leicestershire Healthy Schools Programme, school staff are offered the opportunity to attend various health & wellbeing training courses to help them support children and young people to develop healthy behaviours for life. One of the courses on offer is Teaching Drugs, Alcohol, Tobacco Education with confidence in both Primary & Secondary Schools.
-

8.2 Specialist services (Turning Point)

The Integrated Substance Misuse Treatment Service (ISMTS) is provided by Turning Point and commissioned jointly by Leicestershire County Council Public Health Department and Rutland County Council (with an additional funding contribution from the Office of the Police and Crime Commissioner and National Probation Service).

Turning Point provides a community-based drug and alcohol misuse treatment service for adults and young people with the purpose of achieving freedom from dependence on drugs and/or alcohol, reducing the harm arising from dependence, and sustaining recovery.

The service is provided from 3 main hubs: Coalville hub, Loughborough hub, Hinckley hub. Rutland has a hub based in Clarion House, Oakham. The service also operates from approximately 30 outreach venues across Leicestershire and Rutland including GP surgeries, health centres, council offices and community venues. Turning Point operates a single point of access through a single telephone number, email address and website to facilitate ease of access.

A single engagement team operates across the county and Rutland triaging all referrals within 48 hours and ensuring all referrals are seen within 21 days, with priority appointments available within a matter of days for those with the highest risks. In addition to referrals through phone and email, self-referrals can be taken at any of the hubs mentioned above.

8.2.1 Community prescribing and Psychosocial interventions

Turning Point provides a holistic medical screening and specialist prescribing service as part of a wider treatment programme that addresses the co-existing physical, psychological, and social problems. This is delivered by a clinical team including specialist addictions psychiatrist, psychologists, substance misuse GPs with Special Interest (GPwSI's), and nurses.

There are three drug treatment pathways – opiate and complex drugs pathway, non-opiate drugs pathway, and risk vulnerability and complex safeguarding pathway. There are also two alcohol specific treatment pathways – dependent alcohol pathway and non-dependent alcohol pathway. The clinical team are supported by skilled Recovery Workers and Support Workers who provide a range of evidence-based psychosocial therapeutic interventions.

8.2.2 Fibro Scanning Project

Leicestershire's Fibro scan project aims to reduce harmful drinking by bringing new people into the service, as well as working with those already within the treatment service that are dependant drinkers and have not yet wanted to reduce their intake. Long-term drinking effects on the liver are identified through the use of 'Fibro scanning' and interventions are subsequently put in place for individuals through a care plan. Outreach work is also conducted to ensure the service reaches those who may not already be in treatment.
This offer is also being delivered at locations in Rutland as well as Leicestershire and is currently in place until March 2025, with no future funding currently secured.

8.2.3 Liaison with primary and secondary healthcare

Turning Point provides a shared care scheme with 10 GP surgeries across the city and county to enhance access in rural communities. The scheme primarily works with drug users (opiate users). Within these surgeries the GP undertakes prescribing for substance misuse alongside

addressing mainstream health issues. Turning Point provides recovery workers who work collaboratively from the GP surgery. In addition, a dedicated GP with a Special Interest (GPwSI) from Turning Point provides supervision and governance to ensure the quality of clinical interventions delivered.

Whilst Turning Point are not responsible for providing a drug and alcohol service within local hospitals, Turning Point do provide hospital liaison recovery workers based within UHL, and available to work from other hospital sites. They see all alcohol and drug related hospital admissions to assess and provide appropriate support (brief interventions to reduce the risk of alcohol and drug related harm, or referral into community treatment). The hospital liaison recovery workers also train staff from across hospital and urgent care settings to provide brief interventions to patients on reducing the risk of alcohol and drug related harm.

The responsibility for mental health treatment services falls to the Integrated Care Board (ICB), however, in recognition of the link between mental health and substance misuse, Turning Point has a specialist dual diagnosis senior recovery worker who undertakes weekly outreach clinics at the Bradgate Mental Health unit on the Glenfield Hospital site to support service users with alcohol and drug issues. In addition, Turning Point has developed referral pathways with a range of mental health partners including Community Mental Health Teams and Improving Access to Psychological Therapies (IAPT) services.

The ICB are currently funding a Dual diagnosis offer that Leicestershire County Council are leading on, on behalf of Leicester City and Rutland County Council. Turning Point has a specific team that is in place to support those within the service that have substance use needs as well as mental health support requirements. This is currently funded up until 31st March 2026.

8.2.4 Dual Diagnosis

The responsibility for commissioning mental health treatment services falls to the Integrated Care Board (ICB), however, in recognition of the link between the two areas a specialist Dual Diagnosis provision has been established for those Turning Point users that have a substance use as well as mental health need. Turning Point has a specific team that is in place to support those within the service that have substance use needs as well as mental health support requirements.

The ICB are funding the Dual diagnosis offer until March 2026. Leicestershire County Council are leading the contract on behalf of Leicester City and Rutland County Council.

8.2.5 Harm reduction

Turning Point provides a needle and syringe exchange programme at each hub and from 27 pharmacies across county and Rutland to ensure the availability of clean injecting equipment to limit the spread of infection. In addition, all service users engaged in treatment for opiate misuse are offered Naloxone and are trained to administer it. Naloxone can be used to reverse the effects of an opiate overdose. Naloxone is also provided to family and carers and is also available through the needle and syringe exchange programme.

Turning Point works closely with over 91 pharmacies across the county and Rutland to provide a supervised consumption of medication scheme. The purpose of supervised consumption is to reduce the risk of overdose or diversion of substitute medication prescribed for illicit opiate use. Service users can be supervised by a healthcare professional within the pharmacy when taking their medication.

Alcohol users on the dependent pathway are all offered appointments with a Wellbeing Nurse, and where appropriate are offered medications to address vitamin deficiencies. In addition Turning Point provide a number of interventions and services for people using drugs including a Needle and Syringe Programme (NSP) and in collaboration with pharmacies, a supervised consumption of medication scheme. Currently there are no pharmacies in Rutland delivering NSP.

8.2.6 Blood Borne Virus (BBV) testing & vaccination

Working with the Hepatitis C Trust and a Hepatitis C nurse from the University Hospitals Leicester (UHL) the offer identifies at risk service users and delivers coordinated testing, roadshows and outreach work, as well as offering a postal self-testing service. All service users, regardless of needle usage, are offered BBV testing.

8.2.7 Criminal Justice services

Turning Point employs workers (criminal justice recovery workers) who work specifically with criminal justice clients with enforceable treatment requirements in providing treatment and recovery support. The workers have lower caseloads to enable more intensive working with this cohort. This team co-delivers with probation services (within probation offices) wherever possible to enable regular 3-way working.

Turning Point provides an arrest referral service within local custody suites whereby individuals who test positive for alcohol and/or drugs are seen by a criminal justice engagement recovery worker who provides brief advice on reducing the risk of alcohol and drug related harm and supports engagement into treatment for those who require it. In

addition, Turning Point employs workers (criminal justice recovery workers) who work specifically with criminal justice clients with enforceable treatment requirements in providing treatment and recovery support. The workers have lower caseloads to enable more intensive working with this cohort. This team co-delivers with probation services (within probation offices) wherever possible to enable regular three-way working.

Notts Healthcare has a team based within HMP Leicester (funded by NHS England) comprising nurses, doctors, healthcare assistants, a pharmacist and recovery workers. The team delivers all the clinical and psychosocial interventions to any prisoner at HMP Leicester including first night prescribing if required, dispensing of alcohol related medications and delivery of group and 1-2-1 interventions to address alcohol and drug misuse. Continuity of care between prison and community providers is essential.

8.2.7a Adult Custody Intervention
Within the Leicestershire and Rutland ISMTS, a referral pathway has been established with the OPCC's Custody Suite Service to facilitate structured treatment transitions.

8.2.7b Drug Testing on Arrest (DToA)
Carried out by Leicestershire Police within their custody suites (mainly Euston Street in the city, but will cover county and Rutland residents), daily 'cell sweeps' are carried out alongside Turning Point, offering harm reduction, signposting advice and identification of Class A drug users who are not currently in treatment. Drug tests are carried out and individuals identified attend an initial assessment with Turning Point, with a view for further voluntary engagement with the service going forward.

8.2.8 Vulnerable groups

Turning Point has a dedicated Young People and Young Adults Service for both alcohol and drugs which works with individuals under 18 and up to the age of 25 where a young adults approach would be beneficial. The team delivers via outreach to whichever location suits the young person across the county.

Turning Point has a subcontract with Age UK to deliver the ‘last orders project’. This comprises of a dedicated worker who delivers awareness sessions and brief interventions to those aged over 50 across the county to raise awareness of the problems associated with alcohol and drug misuse. The worker also refers appropriate individuals into treatment.

In response to a growing trend in the use of image and performance enhancing drugs, Turning Point has setup a needle exchange program to meet the needs of this cohort. There is also a growing trend in addiction to prescription drugs e.g. strong painkillers. Although the service delivered by Turning Point is primarily focused on illicit drug use, the service does provide input into the pain management clinic delivered by UHL.

Turning Point also has a Communities Development Recovery Worker to provide enhanced outreach to BME communities.

8.2.9 Children, young people and family

Turning Point has a dedicated Young People's offer which works with individuals under 18 and up to the age of 25, where it is identified that a young adult's approach would be beneficial. The offer is delivered by a dedicated team who are able to provide advice, guidance and support and via outreach activity work with young people in locations that suit them and their needs.

Led by a dedicated Turning Point worker the Family Offer provides information and awareness about Substance Misuse and support to those who are affected by a loved one's Substance Misuse issues. Individuals don't necessarily need to be in treatment with Turning Point for their families to benefit from this service, however where appropriate and with consent family members are encouraged to engage with a loved one's treatment if they are. A peer support online group, private and moderated Facebook group and face-to-face events are included in the offer, giving those in similar situations opportunities to talk and share experiences.

A Family Offer for children and young people is also in place which provides support to those affected by the often-hidden harm of a parent, carer or loved one's substance misuse. One-to-one resilience building support with a Young Persons Worker for young people (aged 10+) is available, and referrals to Barnardo's for those who meet the Young Carers threshold where appropriate. Therapeutic support where required is also available.

Young people (under 18) who have committed a low-level drug offence can be referred via the Youth Justice Services as part of a community resolution, rather than going down a criminal justice route.
The service is delivered by Leicestershire Police's Substance Misuse Team who work with Turning Point to meet with the young person, issue the community resolution and carry out an intervention/assessment to seek to understand the extent and drivers of their substance use. Immediate harm reduction advice and psychosocial interventions are offered, and the young person is encouraged to further engage with Turning Point.

8.2.10 Recovery

Turning Point works closely with a range of employability providers, and housing authorities to support service users maximise their opportunity for sustained recovery. Turning Point has a team of approximately 10-15 peer mentors who are linked to all teams across the service and deliver a range of interventions including running drop-ins, co-facilitating groups and supporting with practical matters such as benefits and food parcels. However a gap is that

there is currently no dedicated peer mentor for Rutland. In addition Turning Point sub-contracts to local social enterprise 'Dear Albert' which delivers aftercare services across the city and county for individuals who have completed treatment and require ongoing support to maintain recovery.

8.2.11 Peer mentor programme

The peer mentor programme provides a volunteering opportunity for those with lived experience to engage, motivate and support Turning Point service users. Peer mentors are often individuals who have been through the service themselves and are involved with a range of activities including running drop-ins, co-facilitating groups and supporting with practical matters such as benefits and food parcels. They are also supported to build their own skills and work experience with a view to enable them to progress into employment.

8.2.12 Inpatient Drug and Alcohol Detoxification Service – Framework Housing Association via Turning Point

For a relatively small proportion of people with substance misuse problems, their recovery requires a short stay in a specialist inpatient service either to stabilise chaotic and complex drug and alcohol problems or to complete the final stages of detoxification. Detoxification from dependent alcohol use is a risky intervention with a high rate of relapse.

Inpatient drug and alcohol services are commissioned by Turning Point and are currently provided by Framework Housing Trust at a purpose-built unit, known as The Level, in Nottingham. Turning point commissions several bed days annually, sufficient for the needs of county and Rutland residents.

The inpatient service is for both men and women and accessed via referral from the ISMTS (Turning Point). The Level provides specialist assessment, stabilisation, and medically assisted withdrawal from drugs (and/or alcohol) for adults. The service is provided by a multidisciplinary team including addictions consultants/doctors, nursing staff, occupational therapist, and support staff, and provides care and support 24hrs a day, 7 days a week. In addition to medical/clinical treatment all service users have a recovery plan that includes harm reduction and relapse prevention, alongside structured groupwork, access to mutual aid and leisure and social activities. The service works closely with the ISMTS and Dear Albert to ensure service users have the appropriate support both prior to inpatient treatment and on leaving inpatient treatment.

As well as the inpatient detoxification offer as part of the Turning Point contract there was additional monies from OHID, initially for three years from April 2022, to contract for beds as

part of a regional consortium. The consortium in the east midlands is led by Nottinghamshire.

8.2.13 Residential Rehabilitation

Following community treatment and inpatient detoxification a small number of people may need to have longer term support to maintain a drug free lifestyle. There are many substance misuse residential rehabilitation facilities across the country, all providing longer term (3-9 months usually) support and care. Turning Point has a framework of rehabilitation centres that are available and provides a list of facilities that have been assessed to ensure they provide clinically safe and effective services to a high standard of care. Referral to a substance misuse residential rehabilitation centre would come from the ISMTS and be a part of an overall recovery care plan.

Whilst living at a substance misuse residential rehabilitation centre residents will take part in an intensive therapeutic programme, alongside life skills, community activities and usually the day-to-day running of the house/centre.

In Rutland residential rehabilitation is offered on an ad hoc basis as the numbers of service users wishing to go to residential rehabilitation is very low, less than one per year.

8.3 Mutual Aid

In addition to commissioned substance misuse treatment services there is a network of local mutual aid support available across the county and Rutland. Mutual aid refers to the social, emotional and informational support provided by, and to, members of a group at every stage of their recovery. These include Narcotics Anonymous (NA), SMART Recovery, ACT Peer-led Recovery, and Alcoholics Anonymous (AA). Some are based on a 12-step fellowship approach and some on cognitive behavioural techniques. The groups are available in a number of venues across the county (although times and venues may change), including Loughborough, Market Harborough, Wigston, Coalville, Melton, Hinckley, Syston, and Oadby. For Rutland much of the delivery of mutual aid support is delivered online although the groups are open to their attendance.

8.4 Dear Albert - The Stairway Project

Dear Albert, is a local social enterprise providing peer led recovery focused community rehabilitation. The service is delivered by peers who are in recovery who have a variety of experience and skills and qualified professional counsellors and therapists. Dear Albert, is open to anyone who wants help with their alcohol and/or drug use and does not require referral from a GP or other professional. The service provides a range of groups and activities

within a city centre base (The Stairway Project) available to county and city residents. In addition to the drop-in Dear Albert provides a menu of recovery focused activities and holistic treatments, both in groups and one-to-ones. In particular the service delivers evidence–based, abstinence focused, peer-led recovery programmes 'You do the MAFs (Mutual Aid Facilitation)', and 'ACT Peer recovery (Acceptance and Commitment Training)'.

Dear Albert, is sub-contracted by Turning Point to provide aftercare support to people who have completed treatment to maintain recovery, and also delivers individual and group sessions at the inpatient service (Edwin House) for county and city residents. In addition the You do the MAFs and ACT training sessions are sometimes delivered across the county funded by grants.

8.5 Mental Health Wellbeing + Recovery Service

The mental health wellbeing and recovery service is commissioned by the Integrated Care Board for Leicester, Leicestershire and Rutland. The service is currently provided by 3 different providers, providing coverage across LLR and include **Richmond Fellowship** (operating as Life Links), **Mental Health Matters**, and **Voluntary Action South Leicestershire** (VASL).

Whilst not a service aimed at providing support specifically for people who use illicit drugs, it is not uncommon for people accessing the service to have issues with drugs and/or alcohol in addition to mental health/wellness concerns. The service offers support networks focused on wellness and recovery, encouraging independence and developing own personal support networks. It offers flexibility to choose support based on own personal need. This can be face to face, providing information, advice and navigation services, one to one sessions, and group support sessions; online support including a directory of services, and a 24/7 chat feature allowing questions to be asked/answered; and community recovery support.

In Oakham there is the Mental Health Café, Peppers, on High Street which can offer support to those experiencing mental health problems who misuse substance and can facilitate referral into treatment. Rutland has a mental health neighbourhood group into which Turning Point are linked. Ensuring that there are good links into the integrated neighbourhood teams as well as the mental health strategy and action plan is vital for there being robust pathways between mental health and substance misuse provision ensuring that services users receive the services that they need for all their needs.

8.6 PAVE Team (Pro-Active Vulnerability Engagement)

The service is funded by the Office of the Police and Crime Commissioner for Leicestershire.

It is a partnership between police, mental health practitioners, and substance misuse practitioners providing targeted support for people who intensively use health and police services. A majority of the service users have entrenched alcohol dependency and/or drug problems. Dedicated recovery workers from Turning Point work alongside police and mental health services to support individuals who are placing a high demand on resources, have complex needs, are difficult to engage, and who pose a risk to themselves or others. In addition clinical support is available as required from a Consultant Psychiatrist. The team work intensively with each individual with the aim of improving their health and wellbeing, reducing crime and reducing the demand placed on public services.

8.7 Mental Health Recovery and Rehabilitation Service – Bridge Street

Commissioned by the local authority Adults and Communities department the service provides supported accommodation with on-site 24-hour support for people with diagnosed serious mental health conditions. Whilst not providing services specifically for people with drug and/or alcohol problems it is not uncommon for residents to also have drug and/or alcohol problems in addition to serious mental health conditions. The service is provided from 11 self-contained apartments in the Shepshed area of Leicestershire. This service enables adults with diagnosed serious mental health conditions recover and develop or regain skills to maximise their independence, reduce their support needs and live in their own homes and consequently also avoids unnecessary moves to residential care. People are resident for a maximum of two years.

8.8 District Responsibility

Rutland is both a county and a district council and as such carries the responsibility for tackling alcohol and/or drug misuse within their district plans, whether that be Community Safety Plans, Health and Wellbeing plans or Prevention plans/strategies.

8.9 Alcohol Care Team (ACT)

Local Authorities had previous put in place hospital liaison nonclinical teams, with the aim to engage and bring additional service users into the treatment service. This was not to provide clinical advice, and there was no training or medically assisted withdrawal as part of the offer. The NHS long term commitment plan states commissioners and ICBs are to work collaboratively to reduce hospital admissions over a five year period. A specific LLR Alcohol Care Teams (ACT) was funded and implemented which is in place until the end of March 2024. The ACT has a comprehensive offer that

builds on the previous hospital liaison support and includes clinical support, training for clinical staff, and medically assisted withdrawal. No funding is currently committed post March 2024.

Since April 2023 the team have moved from 100 referrals a month to 200 with the potential of up to 600 that are known through UHL links; this projected figure includes any person where alcohol is linked with the reason for their attendance. The ministry of state message is that all persons are to work together to ensure this work continues.

9 UNMET NEED (GAPS IN SERVICES)

Many of the issues highlighted below were identified, and should be addressed, across Leicestershire and Rutland. Because of low numbers, any gaps within Rutland alone can be difficult to identify and/or quantify. Some needs or gaps described below are based on observations from services.

9.1 Those with substance misuse issues who are not in treatment

It is estimated that a large proportion of drug users in Rutland (51% of opiate, 61% OCU and 84% of crack users), as well as 79% of those with alcohol problem is not in receipt of treatment. This indicates a gap in identifying individuals with potential substance misuse issues and a gap in referring these individuals into treatment services. For many drug users, engaging in treatment can be the catalyst for getting the help they need to address other issues such as their physical and mental health, housing and financial issues which can have a significant on the individual and wider society.

9.2 Addiction to prescription and over the counter medicines

The work of substance misuse treatment services has historically focused on addiction to illicit drugs but over recent years, trends have begun to emerge in relation to addiction to drugs that do not fall under the 'illicit' category, such as prescription drugs. Although data on this area is limited, locally, clinicians from the Pain Management Service estimate there are in the region of 10,000 long-term opioid users across Leicester, Leicestershire and Rutland. This cohort is at risk of developing an opioid addiction.

9.3 Delivery of alcohol brief interventions

Within Leicestershire and Rutland there are Alcohol brief intervention offers, firstly with the Provider who offer brief interventions for any resident that require and secondly there is an online alcohol brief intervention tool that is a self-guided available to all Leicestershire and Rutland residents.

9.4 Delivery of alcohol misuse treatment services within a hospital setting

In Leicestershire, the rate of alcohol-related hospital admissions in females aged 40-64 years has performed similar to the national average for the past six years. The rate for males has performed significantly better throughout this time. In addition, admission episodes for alcohol related cardiovascular disease conditions have gradually increased since 2008. Also, the proportion of referrals into community treatment services from health services has seen a decline since 2009. There is an opportunity to engage individuals into treatment while they are an inpatient rather than referring into community treatment services upon discharge.

9.5 Review of drug and alcohol related deaths

Drug misuse is a significant cause of premature mortality. Although the local mortality rates are significantly lower than national, they have been increasing since 2013, in parallel with the national trend. Although each death that occurs within the cohort accessing treatment is reviewed, other drug-related deaths are not.

Mortality rate from chronic liver disease (which usually indicates that an individual has been drinking heavily and persistently over decades), alcohol related mortality and alcohol-specific mortality are all significantly higher in males compared with females.

There is now a drug and alcohol related death review panel that reviews deaths where drugs and or alcohol is a component in that death. There purpose is to ascertain where there were any actions that could have prevented that death, to look for lessons to be learnt and to disseminate that learning across the system.

9.6 Smoking cessation support within treatment services

Smoking prevalence among those accessing substance misuse treatment services is higher than that of the general population (45% and 12% respectively). Although the rate is higher nationally (65% of those in treatment), the need for smoking cessation support in this group is high. Both smoking and substance misuse have an impact on health and wellbeing therefore there is a need to support issues concurrently.

9.7 Dual diagnosis (substance misuse and mental health difficulties)

There are pathways and protocols in place between substance misuse services and inpatient psychiatric services. However, separate systems, processes and thresholds across services result in potential gaps in provision. One such gap is support for individuals who have

difficulties maintaining engagement with treatment services. Also, whilst there are high numbers of individuals in substance misuse treatment services who also have mental health problems (which puts a significant demand and expectation on the substance misuse treatment service), indicators relating to dual diagnosis individuals are largely unavailable from other services therefore the true demand is unknown.

9.8 Improving treatment completion

Preventing early drop out enables more individuals to recover, which in turn improves their health and wellbeing. Retaining individuals in treatment that optimises their treatment opportunity. Action is needed in addressing the attrition points and the reasons that individuals either drop out or do not fully engage with treatment as well as a proactive approach to engagement and re-engagement.

Although the proportion of successful completions of treatment locally appears to be higher than national average, a large proportion of opiate users in treatment have entrenched long-term drug use, are often in ill health and less likely to have access to the personal and social resources that can aid recovery, such as employment and stable housing. This often results in opiate users being less likely to complete treatment successfully or sustain their recovery when compared to people who use other substances. This highlights the importance of the wider determinants of health.

9.9 Reducing risk of blood borne viruses

National evidence indicates that two in every five people who inject drugs are living with Hepatitis C and that half of those with the infection, who inject drugs, remain undiagnosed. Although it is difficult to assess the rates in Rutland, the trend has been declining over the past five years in Leicestershire, while improving nationally.

9.10 Delivery of substance misuse treatment services within a hospital setting

Those individuals who are admitted to hospital as a result of a non-fatal overdose are more likely to suffer a future fatal overdose. There is an opportunity to engage individuals into treatment while they are an inpatient rather than waiting to refer into community treatment services upon discharge.

9.11 Out of Area considerations

Rutland being a small central county borders many other counties and not just Leicestershire. It is known that Rutland residents will go out of area for services this could be due to those services not

being located within their area or for convenience of use for other reasons such as near to work. With regard to substance misuse services the need for anonymity could be a driver to go out of area. Some interventions such as inpatient detoxification and residential rehabilitation are commissioned from out of area providers. Individuals may present to a different type of service out of area such as an acute trust or emergency departments in Leicester, Lincoln, Peterborough or Northampton. It is hard to gauge the levels of out of area activity although some information should be available through NDTMS.

10 RECOMMENDATIONS

1. Improve identification and referral of individuals with substance misuse into treatment.

2. Consider awareness raising and training on prescribing practices and regular review of prescribed medications within primary care services.

3. Implement recommendations from the PHE review for dependence on, and withdrawal from prescribed medicines following its planned publication later this year.

4. Take action to better understand (locally) the demand placed on services by new and emerging addictions. These include addiction to prescribed or over the counter medications and anabolic steroid misuse.

5. Consider a partnership approach that focuses on targeted interventions for the most vulnerable individuals and on those individuals placing the most demand on services e.g. frequent A&E attendances.

6. Take action to better understand (locally) and manage the demand placed on service by individuals with concurrent mental health and substance misuse issues.

7. In partnership with the Integrated Care Boards to explore an approach to enable the delivery of the wider substance misuse treatment services within a hospital setting.

8. Consider targeted interventions to tackle potential causes of substance misuse e.g. homelessness, social isolation, unemployment, debt etc. and to address lifestyle factors including smoking and mental health.

9. Explore an approach to strengthen pathways and referrals from primary and secondary care services into substance misuse treatment services and vice versa. For example, a large number of individuals referred to hepatology services from primary care where alcohol is a contributing factor, are not concurrently referred into substance misuse treatment services. Early identification and referral into treatment could lead to improved outcomes for the individual.

10. Take action to better understand (locally) the demand placed on services by individuals with concurrent mental health and substance misuse issues.

11. Explore an approach to monitoring short and long-term health outcomes of individuals

completing treatment.

12. Explore an approach to augment the front end of treatment to address attrition points and loss to treatment and embed recovery at the earliest opportunity.

GLOSSARY OF TERMS

CCG = Clinical Commissioning Group

CI = Confidence Interval

CIN = Children in Need

CIPFA = Chartered Institute of Public Finance and Accountancy

CLA = Children Looked After

CMHT = Community Mental Health Team

DfE = Department for Education

DSR = Directly Standardised Rate

HES = Hospital Episodes Statistics

HSCIC = Health and Social Care Information Centre

ICB = Integrated Commissioning Board

IoD = Index of Deprivation

LA = Local Authority

LCC = Leicestershire County Council

LLR = Leicester, Leicestershire and Rutland

LSOA = Lower Super Output Area

MoD = Ministry of Defence

MSOA = Middle Super Output Area

NHSE = NHS England

OHID = Office for Health Improvement and Disparities

ONS = Office for National Statistics

PHE = Public Health England

PHOF = Public Health Outcomes Framework

SEND = Special Educational Needs and Disabilities

SHAPE = Strategic Health Asset Planning and Evaluation

YJS = Youth Justice Service

APPENDIX

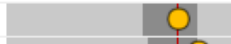
Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	North Northamptonshire	Nottingham	Nottinghamshire	Rutland	West Northamptonshire
C19a - Successful completion of drug treatment: opiate users	2021	5.0	4.5	6.3	3.6	4.5	4.9*	4.3	5.5	5.3	3.3	*	4.2
C19b - Successful completion of drug treatment: non opiate users	2021	34.3	32.8	32.8	30.2	36.8	41.1*	24.8	32.2	43.8	24.5	*	31.1
C19c - Successful completion of alcohol treatment	2021	36.6	34.2	30.1	37.5	40.0	34.8*	29.3	40.4	43.5	28.4	*	29.1
C19d - Deaths from drug misuse	2018 - 20	5.0	4.0	6.2	5.4	5.0	2.9	4.0	4.2	5.2	2.8	-	2.8
C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2021/22	37.4	38.6	45.3	36.7	21.0*	69.8	61.4	91.5*	30.8	23.0	*	*
C21 - Admission episodes for alcohol-related conditions (Narrow) (Persons) New data	2021/22	494	536	649	628	478	432	475	479	709	601	315	473
C21 - Admission episodes for alcohol-related conditions (Narrow) (Male) New data	2021/22	664	689	807	757	671	565	618	628	933	779	359	633
C21 - Admission episodes for alcohol-related conditions (Narrow) (Female) New data	2021/22	341	396	507	511	301	312	344	348	503	438	278	326

Appendix Figure 1 Public Health Profiles (summary of indicators relating to drugs misuse) - OHID 2023

Indicator	Period	Rutland			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Successful completion of drug treatment: opiate users	2021	–	-	*	4.5%	5.0%	1.2%		12.5%
Successful completion of drug treatment: non opiate users	2021	–	-	*	32.8%	34.3%	14.6%		62.3%
Persons entering drug misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination	2016/17	–	-	*	6.9%*	8.1%	0.0%		82.7%
Persons in drug misuse treatment who inject drugs - Percentage of eligible persons who have received a hepatitis C test	2017/18	→	5	55.6%	79.8%*	84.2%	52.5%		97.1%
Proportion waiting more than 3 weeks for drug treatment	2020/21	→	-	-	-	1.2%	28.3%		0.0%
Concurrent contact with mental health services and substance misuse services for drug misuse	2016/17	–	-	*	20.2%*	24.3%	2.8%		60.7%
Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months New data	2020	–	-	0.0%*	85.4%	84.2%	0.0%		100%
Percentage who have taken drugs (excluding cannabis) in the last month at age 15	2014/15	–	-	0.9%	0.5%	0.9%	4.2%		0.1%
Deaths from drug misuse (Persons)	2018 - 20	–	1	-	4.0	5.0	22.1		1.9
Deaths from drug misuse (Male)	2018 - 20	–	0	-	5.8	7.3	28.4		2.5
Deaths from drug misuse (Female)	2018 - 20	–	1	-	2.2	2.8	-	*Insufficient number of values for a spine chart*	-
Emergency hospital admissions due to poisoning from medicines (aged 0-4 years)	2016/17 - 20/21	–	-	*	70.9	78.7	184.1		18.4
Deaths in drug treatment, mortality ratio	2018/19 - 20/21	–	-	*	-	1.00	1.97		0.35
Successful completion of drug treatment, treatment ratio (Current method)	2020	–	-	*	-	-	-	-	-
Proportion of opiates and/or crack cocaine users (i.e. OCU) not in treatment (%)	2020/21	–	-	*	-	52.1%	78.0%		27.8%

Appendix Figure 2 Public Health Profiles (summary of indicators relating to alcohol misuse) - OHID 2023

Indicator	Period	Rutland			Neighbrs average	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Under 75 mortality rate from alcoholic liver disease (1 year range)	2021	–	-	*	-	11.5	29.8		3.1
Under 75 mortality rate from alcoholic liver disease (3 year range)	2017 - 19	–	-	*	-	9.1	23.9		3.7
Hospital admission rate for alcoholic liver disease (Persons)	2020/21	–	-	*	-	45.5*	143.5		9.8
Hospital admission rate for alcoholic liver disease (Male)	2020/21	–	-	*	-	61.7*	242.6		16.5
Hospital admission rate for alcoholic liver disease (Female)	2020/21	–	-	*	-	30.1*	89.2		8.3
Hospital admission rate for non-alcoholic fatty liver disease (NAFLD) (1 year range)	2020/21	→	-	*	4.5*	3.7*	-	*Insufficient number of values for a spine chart*	-
Hospital admission rate for non-alcoholic fatty liver disease (NAFLD) (3 year range)	2017/18 - 19/20	–	-	*	3.9*	4.6	16.7		1.3
Proportion waiting more than 3 weeks for alcohol treatment	2020/21	→	-	-	-	2.0%	41.9%		0.0%
Number in treatment at specialist alcohol misuse services	2020/21	–	40	40	-	76,740	-	-	-
Concurrent contact with mental health services and substance misuse services for alcohol misuse	2016/17	–	-	*	18.7%*	22.7%	3.3%		72.5%
Alcohol-specific mortality (1 year range)	2021	–	8	*	-	13.9	33.7		4.6
Alcohol-specific mortality (3 year range)	2017 - 19	–	8	*	-	10.9	27.3		3.9
Admission episodes for alcohol-related conditions (Broad): Old Method (Persons)	2018/19	→	735	1,636	-	2,367	4,022		1,329
Admission episodes for alcohol-related conditions (Broad): Old Method (Male)	2018/19	→	476	2,151	-	3,246	5,723		1,870
Admission episodes for alcohol-related conditions (Broad): Old Method (Female)	2018/19	→	258	1,211	-	1,608	2,899		874
Admission episodes for alcohol-related conditions (Narrow): Old Method	2018/19	→	214	519	-	664	1,127		389
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): Old Method	2018/19	→	11	29.7	-	75.6	250.8		26.1
Percentage who have ever had an alcoholic drink at age 15	2014/15	–	-	74.4%	-	62.4%	77.6%		14.6%
Percentage who have been drunk in the last 4 weeks at age 15	2014/15	–	-	20.6%	-	14.6%	27.0%		2.6%
Incidence rate of alcohol-related cancer (Persons)	2017 - 19	–	50	37.73	-	38.00	48.11		29.15
Incidence rate of alcohol-related cancer (Male)	2017 - 19	–	25	34.88	-	39.36	57.89		28.05
Incidence rate of alcohol-related cancer (Female)	2017 - 19	–	30	40.09	-	37.09	42.33		28.73
Successful completion of alcohol treatment	2021	–	-	*	39.1%*	36.6%	18.4%		57.6%
Volume of pure alcohol sold through the off-trade: all alcohol sales	2014	–	175,833	5.8	5.8*	5.5	9.4		2.9
Volume of pure alcohol sold through the off-trade: beer sales	2014	–	47,869	1.58	1.55*	1.49	2.79		0.68
Volume of pure alcohol sold through the off-trade: wine sales	2014	–	64,889	2.14	2.24*	2.16	3.96		1.30
Volume of pure alcohol sold through the off-trade: spirit sales	2014	–	45,950	1.51	1.43*	1.38	2.46		0.70
Number of premises licensed to sell alcohol per square kilometre	2017/18	–	138	0.4	0.7*	1.3*	304.8		0.2

Percentage of adults who abstain from drinking alcohol	2015 - 18	–	-	*	-	16.2%	5.9%		51.8%
Percentage of adults binge drinking on heaviest drinking day	2015 - 18	–	-	*	-	15.4%	30.2%		4.3%
Percentage of adults drinking over 14 units of alcohol a week	2015 - 18	–	-	*	-	22.8%	41.3%		7.9%
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	2018/19 - 20/21	–	-	*	-	29.3	83.8		7.7
Admission episodes for alcohol-specific conditions - Under 18s (Male)	2018/19 - 20/21	–	-	*	-	22.8	91.0		6.9
Admission episodes for alcohol-specific conditions - Under 18s (Female)	2018/19 - 20/21	–	-	*	-	36.1	111.3		8.1
Admission episodes for alcohol-specific conditions (Persons)	2021/22	–	105	255	-	626	2,514		255
Admission episodes for alcohol-specific conditions (Male)	2021/22	–	65	300	-	879	3,758		300
Admission episodes for alcohol-specific conditions (Female)	2021/22	–	40	218	-	390	1,360		148
Deaths in alcohol treatment, mortality ratio	2018/19 - 20/21	–	-	*	-	1.00	2.03		0.32
Hospital admissions for alcohol attributable conditions, (Narrow definition) ⚠	2016/17 - 20/21	–	758	73.4	-	100.0	167.9		56.4
Hospital admissions for alcohol attributable conditions, (Broad definition) ⚠	2016/17 - 20/21	–	2,562	69.1	-	100.0	184.7		61.1
Successful completion of alcohol treatment, treatment ratio (Current method)	2020	–	-	*	-	-	-	-	-
Proportion of dependent drinkers not in treatment (%) (Current method)	2020/21	–	-	*	-	81.9%	94.3%		66.6%
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol	2019/20	–	-	*	33.8%*	43.9%	63.6%		17.6%
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol & non-opiates	2019/20	–	-	*	53.3%*	64.6%	92.4%		37.1%
Alcohol-related mortality (Persons)	2021	–	19	38.3	-	38.5	77.5		23.0
Alcohol-related mortality (Male)	2021	–	12	49.7	-	58.3	124.0		37.0
Alcohol-related mortality (Female)	2021	–	7	*	-	21.3	37.0		10.1
Admission episodes for alcohol-related conditions (Narrow) (Persons)	2021/22	–	141	315	-	494	840		251
Admission episodes for alcohol-related conditions (Narrow) (Male)	2021/22	–	82	359	-	664	1,104		359
Admission episodes for alcohol-related conditions (Narrow) (Female)	2021/22	–	59	278	-	341	636		147
Admission episodes for alcohol-related conditions (Broad) (Persons)	2021/22	–	509	1,068	-	1,734	3,871		1,068
Admission episodes for alcohol-related conditions (Broad) (Male)	2021/22	–	374	1,584	-	2,683	5,842		1,584
Admission episodes for alcohol-related conditions (Broad) (Female)	2021/22	–	135	616	-	906	2,098		501

Admission episodes for alcohol-related unintentional injuries (Narrow) (Persons)	2021/22	–	14	32.2	-	50.8	89.3		32.2
Admission episodes for alcohol-related unintentional injuries (Narrow) (Male)	2021/22	–	12	54.7	-	91.1	156.8		54.7
Admission episodes for alcohol-related unintentional injuries (Narrow) (Female)	2021/22	–	2	*	-	12.9	25.3		9.6
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) (Persons)	2021/22	–	9	*	-	67.2	195.7		28.9
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) (Male)	2021/22	–	4	*	-	96.0	266.8		38.0
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) (Female)	2021/22	–	5	*	-	39.8	129.2		11.0
Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) (Persons)	2021/22	–	4	*	-	33.7	112.5		4.7
Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) (Male)	2021/22	–	2	*	-	28.7	79.9		5.4
Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) (Female)	2021/22	–	2	*	-	38.6	154.2		8.0
Admission episodes for alcohol-related cardiovascular disease (Broad) (Persons)	2021/22	–	281	547	-	759	1,054		408
Admission episodes for alcohol-related cardiovascular disease (Broad) (Male)	2021/22	–	244	1,005	-	1,388	1,932		751
Admission episodes for alcohol-related cardiovascular disease (Broad) (Female)	2021/22	–	36	139	-	223	325		121
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Persons)	2021/22	–	59	142	-	404	2,110		142
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Male)	2021/22	–	43	202	-	587	3,210		202
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Female)	2021/22	–	16	86	-	233	1,097		86
Admission episodes for alcoholic liver disease (Broad) (Persons)	2021/22	–	38	86.7	-	154.4	364.6		62.8
Admission episodes for alcoholic liver disease (Broad) (Male)	2021/22	–	15	66.5	-	213.1	532.5		66.5
Admission episodes for alcoholic liver disease (Broad) (Female)	2021/22	–	23	110.8	-	99.6	239.3		32.1
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Persons)	2021/22	–	20	118.4	-	164.6	431.2		77.6
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Male)	2021/22	–	12	122.6	-	202.9	530.6		107.9
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Female)	2021/22	–	8	*	-	128.5	347.1		46.5
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Persons)	2021/22	–	57	411	-	772	1,404		299
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Male)	2021/22	–	27	383	-	954	1,670		383
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Female)	2021/22	–	30	442	-	597	1,188		172
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Persons)	2021/22	–	64	624	-	810	1,403		510
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Male)	2021/22	–	43	885	-	1,275	2,313		856
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Female)	2021/22	–	21	393	-	415	728		196
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2020	–	-	*	-	1,116	2,436		559
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2020	–	212	1,004	-	500	1,125		246

REFERENCES

[1] Ministry of Housing, Communities & Local Government, English Indices of deprivation 2019: technical report, 2019

[2] Department of Health. (2017) Drug misuse and dependence. UK guidelines on clinical management. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

[3] Public Health England . Public Health Outcomes Framework. (2018). Available at:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

[4] Local Alcohol Profiles for England - Alcohol and inequalities.
https://fingertips.phe.org.uk/profile/local-alcohol-profiles/supporting-information/Alcohol_inequalities2

[5] Office of National Statistics (2018) Adult drinking habits in Great Britain. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/datasets/adultdrinkinghabits

[6] NHS Digital. Statistics on Drug Misuse: England (2018). Available at: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2018

[7] Adfam. Treatment and Recovery: Black and Minority Ethnic Communities (2015) Available at:
http://www.recovery-partnership.org/uploads/5/1/8/2/51822429/regional_roundtable_treatment_and_recovery_in_bme_communities.pdf

[8] Institute of Alcohol Studies (2020): Ethnic Minorities and Alcohol (briefing) **https://www.ias.org.uk/wp-content/uploads/2020/12/Ethnic-minorities-and-alcohol.pdf** (accessed March 2023)

[9] Public Health England (2017). Local alcohol consumption: national survey results.
https://www.gov.uk/government/publications/local-alcohol-consumption-national-survey-results (accessed March 2023)

[10] Office for National Statistics. Adult drinking habits in Great Britain: 2017**https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017** (accessed March 2023)

[11] Public Health England (2017) Public Health Outcomes Framework: Health Equity Report, focus on ethnicity.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733093/PHOF_Health_Equity_Report.pdf (accessed March 2023)

[12] Office for National Statistics (November 2022): Demography and migration data from Census 2021 in England and Wales.
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/demographyandmigrationdatacontent/2022-11-02#demography-unrounded-population-estimates

[13] Friesen EL, Kurdyak P Alcohol use and alcohol-related harm in rural and remote communities: protocol for a scoping review BMJ Open 2020;10:e036753. **https://bmjopen.bmj.com/content/10/8/e036753** (accessed October 2023)

[14] Office for National Statistics (2022): Annual Population Survey,

[15] Office for National Statistics: Sexual orientation, England and Wales: Census 2021. The sexual orientation of usual residents aged 16 years and over in England and Wales, Census 2021 data.
https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualorientationenglandandwales/census2021 (accessed March 2023)

[16] UK Drug Policy Commission. Drugs and Diversity: Lesbian, gay, bisexual and transgender (LGBT) communities (2010). Available at: **http://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20LGBT%20groups%20%28policy%20briefing%29.pdf**

[17] Part of the Picture: The National LGB Drug and Alcohol Database. (2012) Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011)

[18] Senreich E. Are specialized LGBT program components helpful for gay and bisexual men in substance abuse treatment? Subst Use Misuse. 2010;45(7-8):1077-1096. doi:10.3109/10826080903483855.

[19] Medley G, Lipari R, Bose J, Cribb D, Kroutil L, McHenry G. Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health. NSDUH Data Review. **https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm**

[20] Who Is at Risk for HIV? HIV.gov. **https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/who-is-at-risk-for-hiv**

Published May 15, 2017.

[21] Public Health England (2015) Substance misuse services for men involved in chemsex.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669676/Substance_misuse_services_for_men_who_have_sex_with_men_involved_in_chemsex.pdf

[22] Stonewall. LGBT in Britain: Health Report.
https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_health.pdf

[23] Buffin et al. (2012) Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England Substance

Dependency and Help-Seeking Behaviour.
http://clok.uclan.ac.uk/9598/1/POTP%204th%20Year%20Report.pdf

[24]

Pitman A et al. The mental health of lesbian, gay, and bisexual adults compared with heterosexual adults: results of two nationally representative English household probability samples. Psychological Medicine , Volume 52 , Issue 15 , November 2022 , pp. 3402 - 3411

DOI: https://doi.org/10.1017/S0033291721000052[Opens in a new window]

[25] Rutland County Council 2021. Needs Assessment: Rutland Children with Special Educational Needs and Disabilities (SEND)
https://rutlandcounty.moderngov.co.uk/documents/s22248/Rutland%20SEND%20Needs%20Assessment%2020220119%20FINAL.pdf (accessed September 2022)

[26] LAIT (Local Authority Interactive Tool) – DfE July 2022

[27] Public Health England. Health Matters (2017) Preventing drug misuse deaths. Available at:
https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths

[28] Addaction. Young Minds. Childhood adversity, substance misuse and young people's mental health. Expert Briefing. Available at: **https://youngminds.org.uk/media/1547/ym-addaction-briefing.pdf**

[29] HM Government (2017) 2017 Drug Strategy. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

[30] https://www.gov.uk/government/publications/independent-review-of-drugs-terms-of-reference

[31] Public Health England. Child and Maternal Health Profiles (2018) Available at:
https://fingertips.phe.org.uk/profile/child-health-profiles

[32] NHS Digital (2022) Smoking, Drinking and Drug Use Among Young People in England – 2021. Available at:
https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021

[33] Hibell B et al. The ESPAD Report 2003: alcohol and other drug use among students in 35 European countries. Swedish Council for Information on Alcohol and Other Drugs, Stockholm, 2004.

[34] Addaction. A better future for families: The importance of family-based interventions in tackling substance misuse.

https://www.addaction.org.uk/sites/default/files/public/attachments/the_breaking_the_cycle_commission_2mb.pdf

[35] Homeless Link. Lets end homelessness together. Available at:
https://www.homeless.org.uk/facts/homelessness-in-numbers/hidden-homelessness

[36] MSCLG 2021 found here: **https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness**

[37] PHE (2020): Adult substance misuse treatment statistics 2019 to 2020: report. Accessed (Nov 2022):
https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-

statistics-2019-to-2020/adult-substance-misuse-treatment-statistics-2019-to-2020-report

[38] Public Health England (2018) Local Area Trend Report 2017-18. National Drug Treatment Monitoring Service.

[39] Office for National Statistics (2021) Deaths of homeless people in England and Wales: 2021 registrations. Experimental Statistics of the number of deaths of homeless people in England and Wales. Available at: **https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations**

[40]Office for National Statistics (2021) Deaths of homeless people in England and Wales: 2021 registrations – dataset, available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsofhomelesspeopleinenglandandwales (accessed October 2023)

[41] Ministry of Defence. Defence personnel NHS commissioning quarterly statistics: financial year 2021/22. (2021). at **https://www.gov.uk/government/statistics/defence-personnel-nhs-https://www.gov.uk/government/statistics/defence-personnel-nhs-commissioning-bi-annual-statistics-financial-year-202122**

[42] Ministry of Defence (2017) Alcohol Usage in the UK Armed Forces 1 June 2016 – 31 May 2017.

[43] Osborne at al: Military service and alcohol use: a systematic narrative review. Occupational Medicine, Volume 72, Issue 5, June 2022, Pages 313–323, **https://doi.org/10.1093/occmed/kqac045**

[44] Office for National Statistics, Census 2021, available via nomis official census and labour market statistics, Previously serviced in the UK armed forces. Available at:
https://www.nomisweb.co.uk/datasets/c2021ts071

[45] Independent Review of Drugs. Phase One Report. Home Office (2020) Accessible:
https://www.gov.uk/government/publications/review-of-drugs-phase-one-report

[46] **https://data.justice.gov.uk/prisons/prison-reform**

[47] OHID: Alcohol and drug treatment insecure settings 2021 to 2022:report (Published 16 March 2023)

[48] Prison Populations Monthly Bulletin - October 2023
https://www.gov.uk/government/publications/prison-population-figures-2023

[49] Public Health Institute, Liverpool John Moores University 2019

[50] NDTMS Commissioning Support Pack 2023-24, Key Data

[51] Public Health England (2016). Trends in drug misuse deaths in England. Available at:
https://www.gov.uk/government/publications/trends-in-drug-misuse-deaths-in-england

[52] Adult Drug Commissioning Support Pack: 2023-24 Key Data; Adult Alcohol Commissioning Support Pack: 2023-24 Key Data (NDTMS 2023)

[53] Public Health England (2018) Co-occurring substance misuse and mental health issues profile, available at:
https://fingertips.phe.org.uk/profile-group/mental-health/profile/drugsandmentalhealth

[54] Public Health England (2018) Shooting Up: Infections among people who inject drugs in the UK, 2017. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756502/Shooting_up_2018.pdf

[55]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1053202/Shooting_Up_2021_report_final.pdf

[56] Public Health England (2018) Health Protection profile, available at:
https://fingertips.phe.org.uk/profile/health-protection

[57] OHID Public Health Profiles **https://fingertips.phe.org.uk/search/homelessness**

[58] Office of National Statistics (2016). Intimate personal violence and partner abuse. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#nature-of-partner-abuse-influence-of-alcohol-and-illicit-drugs

[59] OHID Public Health Profiles, available at (accessed November 2022):
https://fingertips.phe.org.uk/search/crime#page/3/gid/1/pat/6/par/E12000004/ati/402/iid/92863/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[60] **https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/**

[61]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1002627/Alcohol_and_COVID_report.pdf